POLIOPLUS PROGRAM
NIGERIA
MID-TERM EVALUATION

6-17 MARCH 1995

BEST AVAILABLE COPY ELECTRONIC DOCUMENT APPEARS AS IT WAS RECEIVED

ACKNOWLEDGEMENT

The evaluation team would like to express their appreciation to the PolioPlus Programme staff in Nigeria, especially their Chairman Col. Mike N . Okwechime, for their part in making this evaluation possible. We would like to express particular gratitude to the health workers at all levels and to PolioPlus field staff as well as the Government of Nigeria and all National and International Agencies involved in the EPI., who so willingly gave their time at short notice.

Finally, our sincere thanks to the Rotarians and other PolioPlus volunteers who make polio eradication an achievable goal.

I.IST OF ACRONYMS

1.5

AFP Acute Flaccid Paralysis
CBV Community-Based Volunteers

CPHA Canadian Public Health Association

CPPC Club PolioPlus Committee

DG District Governor

EPI Expanded Programme on Immunization DPT Diphtheria, Whooping Cough, Tetanus

FCT Federal Capital Territory
FMOH Federal Ministry of Health

FMOH/SS Federal Ministry of Health and Social

Services

NANGOH National Association of Non-Governmental

Organizations on Health

LGA Local Government Area NATCOM National Committee

NCCCD Nigeria Combatting Childhood Communicable

Diseases Project

NPHCDA National Primary Health Care Development

Agency

OPV Oral Polio Vaccine
PDG Past District Governor

PETS Presidents-Elect Training Seminar

PHC Primary Health Care

PPPAS PolioPlus Programme Assistants

RI Rotary International

SPPC State PolioPlus Committee
TRF The Rotary Foundation

UNICEF United Nations Children's Fund

USAID United States Agency for International

Development

WHO World Health Organization ZPPC Zonal PolioPlus Committee

POLIOPLUSPROGRAM NIGERIA MID-TERM EVALUATION 6-17 MARCH 1995

TABLEOFCONTENTS

- I. Background
- II. Objectives and Methodology
- III. General Recommendations
- IV. Findingsand Recommendations Under Main Focus Areas
 - (i) Technical Components
 - Immunization
 - Vaccine Supply
 - ColdChain
 - Surveillance
 - (ii) Programme Management

(iii) Social mobilization

(iv) Volunteer: Training and Participation

BACKGROUND

In the mid-1980's Rotary International undertook an initiative that would see the organization raise funds for the procurement of oral polio vaccine (OPV) which would be utilised inits pursuit of the goal to eradicate poliomyelitis by the Year 2005. Initially called "Polio 2005," the programme was renamed "PolioPlus" when Rotary undertook additional initiatives that would see them collaborating with governmental and non-governmental organizations (NGO's) in the field of communications, education and social mobilization. In so doing, Rotary proceeded to forge a partnership with UNICEF, WHO, USAID and others in support of the Expanded Programme on Immunization (EPI).

PolioPlus Nigeria then developed a five-year proposal to Rotary International which addressedEPI/Polio Eradicationforthe period 1989-1994. Itwasduring thisperiod that the Nigeria Association of Non-governmental Organizations on Health (NANGOH).

Nigeriahasanapproximate population of millioninhabitantsandcoversalandmass of about 100 square kilometers. The number of Rotarians is estimated at 3,605 distributed amongst 210 clubs nationwide. Under these clubs, 124 CPPC's have adopted 363 LGA's out of the 593 in the Federation.

Rotary's polio eradication initiative had come to the attention of various government and non-government agencies; some of whom have provided valuable financial assistance. One such organization is the United State Agency for International Development(USAID). It is noteworthy to state that USAID has provided financial support to PolioPlus Nigeria on two occasions; the latest being a US\$2.2 million grant for the second phase of the child survival project (1992-95).

The goal of the project is to assist in the achievementofthe eradication of Polio in Nigeria by the year 2000 and to decrease EPI-associated morbidity and mortality in the children of Nigeria through support of its EPI programme.

The specific objectives of the project are:

- 1. to attain and sustain a minimum of 80percentcoveragelevelofinfantsunder twelve months of age with four doses of Oral Polio Vaccine in every LGA;
- 2. develop and implement polio eradication specific strategies in **the** areas of outbreak control, mop-up activities and surveillance in targeted high coverage areas;
- 3. integrate PolioPlus as a regular club community service activity;
- 4. collaborate with NGO'sinthe promotion of Primary Health Carein Nigeria;
- 5. mobilize and sustain the participationofRotarians, theirfamilymembers and community-based volunteers in the Expanded Programme on Immunization (EPI) and the Polio Eradication Initiative.

In sponsoringthe project, **USAID** hasemphasizedtheneedtoconduct amid-term evaluation of the project. The purpose of the evaluation is to determine whether thereareareasofthe projectthatrequirefurtherattentionandtomakeappropriate recommendationsthatwould assist the staff in steering the projecttoa successful completion.

The mid-term evaluation was originally scheduled for May 24th - 31st, 1994; however, ithadtobe postponed for reasons notrelated to the target projectits elf. After several postponements, the evaluation was finally fixed for March 4th - 18th, 1995.

As a result of these postponements, combined with decertification by the United Statesgovernment, fundingwastemporarilyfrozen whichledtoano-costextension oftheproject.

Political and Economic Events in Nigeria

Inevaluating this project, non-project issues need to be understood.

- Economic

Sincethefallin oilpricesin1983, the Nigerian economy has declined. Per-capita income has fallen from about \$1,000 to \$300. Inflationiscurrently estimated at 400% perannum. Health expenditures have decreased from 265 million in 1981 to the current level of 28 million, a decrease of 90%.

- Creation of New States and LGAs

In an attempt to decentralize decision making and accountability, the number of states wasincreased from 20 to 30 and the number of LGAs from 304 to the current number of 593.

- Political

The annulment of the democratic elections of 1993 and the continuation of military rule has led to major disruption of both government and commercial services. The government health sectorwas on strike for three consecutive months in 1994. Most government hospitals are closed and government services minimally functional.

OBJECTIVES

The primary objective of the mid-term evaluation is to stimulate significant improvement in the overall aspects of the project and the subsequent implementation of any recommendations.

The following specific objectives served as a guide to the evaluators who participated in the mid-term review:

- a. To identify the achievements that had occurred since. the inception of the second phase of the project on July 1st 1992.
- b. To identify those factors that militated against the successful implementation of the programme at all levels.
- c. To identify alternate strategies for overcoming any identifiable obstacles; and
- d. To **make** appropriate recommendations aimed at enhancing programme performance at all levels.

METHODOLOGY

A qualitative rapid survey method of **assessment** was adopted for the study. Interview questionnaires were prepared and they addressed the following individuals or groups:

- a. Rotarian PolioPlus State Chairman
- b. State EPI Manager
- c. Government Health Facility
- d. LGA Health Authority
- e. Rotary Club President and PolioPlus Committee Chairman
- f. Rotarian Medical Doctor operating a PolioPlus Free Immunization Clinic
- q. Rotarian LGA Co-ordinator
- h. A Member of the Community

Nigeria has thirty states plus the Federal Capital Territory of Abuja. The Federal Government has grouped the States under four health zones. It is coincidental **that** Rotary International has four districts in Nigeria; however, it should be noted that the borders of the districts are not congruent with those of the health zones. Evaluations were conducted in sixteen states plus the Federal Capital Territory Abuja. Briefings were provided by the Federal Ministry of Health and PolioPlus Nigeria. The following Central-level interviews were also conducted: Federal Ministry of Health and Social Services, National Primary Health Care Development Association (NPHCDA), UNICEF, USAID, WHO and NANGOH.

The evaluation teams spent a minimum of four days visiting the States to which they had been assigned. During the course of their interviews, the teams were asked to assess the following areas:

- a. Technical Components :
 - Immunization
 - Vaccine Supply
 - Surveillance
- b. Programme Management
- c. Social Mobilization
- d. Volunteer: Training and Participation

Data collection would entail the utilization of the aforementioned questionnaires; interviews with individuals, and **a** review of the existing records being maintained.

Finally, they were to recommend a course of action that would address assurance of the highest quality of performance for the remaining duration of the, programme.

EVALUATION TEAM COMPOSITION

Twenty-one persons participated in the evaluation process. They were divided into seven teams; each of which had a Rotarian, a non-Rotarian and an external evaluator. This representation was as follows:

a. ROTARIANS

Rotary members with a working knowledge of the PolioPlus Nigeria organization:

- 1. PDG Francis Z. Gana
- 2. Rtn Joshua Hassan
- 3. Rtn Donald Fasanya
- 4. Rtn Albert O. B. Ajewole
- 5. Rtn Henry Ejumudo
- 6. Rtn Eddie Obianwu
- 7. Rtn Mustapha Dungus

b. NON-ROTARIANS

Representatives from the following Nigeria organizations and agencies:

- 1. Dr. F.C. Oyewole, FMOH/SS
- 2. Mrs. V.O. Akinrolabu, NPHCDA
- 3. Dr. D. Olubaniyi, NPHCDA
- 4. Dr. O.A. Babaniyi, USAID/NCCCD
- 5. Dr. P.Y. Odunsi, UNICEF
- 6. Mrs. Fayo Williams, NANGOH
- 7. Dr. O.G. Olupona, NANGOH

c. EXTERNAL EVALUATORS

- 1. Dr. Fernando Laender-Team Leader, Department of Health, Brazil
- 2. Mr. Fernando Verani, PolioPlus Regional Advisor, Brazil
- 3. Mr. Ofori Akyea, External Consultant, USA
- 4. Mr. Tom Ewen , Rotary Volunteer, Canada
- 5. Dr. Gaston Kaba, USAID, Niger
- **6.** Dr. Rose Macauley, USAID/BASICS '
- 7. Ms. Marcia Rock, USAID/BASICS

GENERALRECOMMENDATIONS

- 1. ADVOCACY TO RAISE POLITICAL COMMITMENT IN ORDER TO IMPLEMENT EPI AND ACHIEVE THE GOAL OF POLIO ERADICATION BY THE YEAR 2000 SHOULD BE HIGH ON THE AGENDA OF ALL PARTIES INVOLVED.
- 2. CONSIDERING THE ACHIEVEMENTS OBSERVED BY THE EVALUATION TEAM, IT IS STRONGLY RECOMMENDED THAT POLIOPLUS IN NIGERIA IS GIVEN ASSURANCE OF ITS CONTINUITY AND SUSTAINABILITY.
- 3. THE SPECIFIC ACTIVITIES RECOMMENDED BY THE EVALUATION TEAM SHOULD BE ASSIMILATED AND IMPLEMENTED BY THE POLIOPLUS PROJECT THROUGH COLLABORATIVE EFFORTS WITH ALL AGENCIES INVOLVED IN EPI AND THE POLIO ERADICATION INITIATIVE IN NIGERIA.
- 4. THE EVALUATION TEAM STRONGLY RECOMMENDS THAT ALL EFFORTS SHOULD BE DEPLOYED TO ACCELERATE POLIO ERADICATION ACTIVITIES IN NIGERIA IN THE CONTEXT OF EXPANDING THE POLIO-FREE ZONES IN AFRICA.

POLIOPLUS NIGERIA TECHNICAL COMPONENTS

1. <u>IMMUNIZATION</u>:

POSITIVE ASPECTS

There is a general awareness that immunization coverage is less than what it was five years ago (1990) when coverage was estimated to be 65-75% nationwide. Immunization coverage now ranges between 15-66%. There are indications, however, of increases in coverage in 1994 when compared to those of 1992 and 1993.

PolioPlus is involved with assisting health authorities at National, State and LGA levels in planning, implementation and evaluation of EPI related activities as well as mobilizing of NGOs and private sector for continued support of EPI. It has also been involved with advocacy for political support and commitment to EPI as well as integrating Rotary Clubs in PolioPlus activities through recruiting PolioPlus LGA Coordinators.

Apart from not charging for immunization services, Rotarian Medical Doctors are known to bear the cost of consumables.

Routine immunization sessions are carried out ranging from daily to monthly at all levels.

In many States, implementation of Local immunization Days (LIDs) have helped in boosting immunization coverage without disrupting routine health services.

There is a national plan of action for EPI for the years 1994-1998, including polio eradication strategies.

CONSTRAINT

The low immunization coverage, including OPV 3, is of serious concern if the goal of polio eradication by the year 2,000 is to be achieved.

RECOMMENDATIONS:

- a) Immunization coverage should be increased by improving routine immunization activities and by supplemental vaccination such as LIDs, and NIDs where needed. Where the unavailability of some of other EPI vaccines may cause a drawback in OPV coverage, single antigen campaigns using OPV should be conducted.
- **b)** Advocacy to raise political will and boost immunization coverage to achieve the goal to eradicate polio by the year 2000 should be high on the agenda of all parties concerned.

CONSTRAINT

Incessant, widespread strike actions and political instability paralysed health activities especially in the public health sector which had negative impact on immunization activities.

RECOMMENDATION :

Government and labour leaders should cultivate the habit of frequent and open dialogue to prevent strike actions.

CONSTRAINT

Under-funding of the health sector in spite of galloping inflation has adversely affected the money available for immunization.

RECOMMENDATION

Allocation to the health sector should be markedly increased and governments at the local level should always make adequate provision for health programmes, including immunization activities.

CONSTRAINT

The non-existence of EPI State Committees in some places has contributed to the weakness of various aspects of EPI such as planning of activities and developing an integrated approach for implementation of the programume.

RECOMMENDATION

EPI Committees should be established at all levels immediately.

CONSTRAINT

Immunization schedules as advertised in some private health facilities do not conform with the national immunization policy and standards of practice.

RECOMMENDATION

The national immunization policy and standards of practice should be disseminated to all facilities that provide immunization.

CONSTRAINT

Inadequate means of transportation was found to be a general problem at all levels. Factors which have contributed to this include:

- i) Fuel scarcity, which persists till now in some areas;
- ii) Lack of maintenance ;
- iii) Inappropriate/misuse of EPI vehicles, and:

iv) Ageing of EPI vehicles in old LGAs and absence of EPI vehicles in newly created LGAs.

RECOMMENDATION

A review of **the** transport system for EPI should be conducted and solutions proffered to the identified problems.

CONSTRAINT

The non-provision of immunization registers, cards, forms, and other means of documentation has given rise to incomplete records at all levels.

RECOMMENDATION

Appropriate forms, registers, and cards should be provided to all health facilities that provide immunization services.

CONSTRAINT

In spite of the relatively high numbers of Rotarian Doctors in the country, some of them have not embraced the PolioPlus programme for various reasons.

RECOMMENDATION

Rotarian doctors who are not currently involved with the PolioPlus free immunization should be sensitized and encouraged to embrace the programme.

2. VACCINE SUPPLY:

POSITIVE ASPECTS

- 1. OPV donated by PolioPlus is generally available at all levels.
- 2. PolioPlus participated actively in the development of the Five Year National Plan of Action for boosting EPI Coverage and Attainment of Measles Control, Neonatal Tetanus Elimination and Eradication of Poliomyelitis in Nigeria.
- 3. An understanding was reached between the Federal Ministry of Health and Social Services (FMOHSS) and Rotary Intemational/PolioPlus, that Rotarian Medical Doctors be provided with vaccines free of charge from LGA cold stores throughout Nigeria.
- 4. Rotarians provide assistance in the collection of vaccines from State cold stores.

CONSTRAINT

Shortages of EPI vaccines (except OPV) which were noticed from around July 1994 (especially DPT) which has slowed down multiple antigen immunization giving rise to missed opportunities.

RECOMMENDATION

Adequate funds should be made available for the timely purchase of EPI vaccines that meet WHO standards.

CONSTRAINT

Problems with the National Cold Stores in terms of supplies and backstopping.

RECOMMENDATION

National level supervision of and backstopping to States/LGA cold stores should be strengthened and made functional.

3. <u>COLD CHAIN</u>:

POSITIVE ASPECTS

- 1. The cold chain was found to be generally satisfactory. Vaccines were being stored at correct temperatures, and records of temperature of freezers and other cold chain equipment were well kept. **Backup** generators were available and functioning at all levels.
- 2. Cold chain has been decentralized to facilitate vaccine distribution to the States and LGAs.

CONSTRAINT

The existing national cold storage capacity is inade **quate** to meet the needs of all **the** States, especially in the area of accessibility. The unavailability of essential communication facilities (telephone, telex, fax) hinders accessibility between the national cold stores and the State central stores.

RECOMMENDATION

National cold storage should be further decentralized by the establishment of 2 additional national cold stores. Furthermore, communication facilities should be provided and adequate budgetary provision should be made to settle bills regularly.

CONSTRAINT

At the National Cold Store Kano, only one of the cold rooms is functioning properly.

RECOMMENDATION

All the cold rooms should be made functional immediately.

CONSTRAINT

Inadequate number of trained personnel in stock management..

RECOMMENDATION

Implement training on cold chain management and improve staff strength.

e di

CONSTRAINT

In general, there is maldistribution of existing cold chain equipment.

RECOMMENDATION

The results of the recently concluded national cold chain inventory should be utilized to redress this anomaly.

4. SURVEILLANCE:

POSITIVE ASPECTS

- 1. There&h plan' to establish 2 Polio Virus Surveillance Laboratories (University College, Hospital Ibadan, and The University Teaching Hospital Maiduguri) in Nigeria.
- 2. Guidelines for training of primary health care workers on disease surveillance and notification has been developed.

CONSTRAINTS

- 1. Polio surveillance is maintained passively through the routine reporting of polio cases only. Further, completeness and timeliness of existing system does not allow for quick intervention at all levels.
- 2. There is no adequate system of reporting and investigating of Acute Flaccid Paralysis (AFP) cases. No one knows what actually happens about polio cases through the regular health facilities.
- 3. Although guidelines for training of primary health care workers on **diseases** surveillance and notification exists, training has not being widely implemented.

RECOMMENDATIONS

1. Surveillance strategies for polio eradication should be disseminated at all levels.:

- 2. Training of all health workers on polio eradication surveillance strategies (adequate case definition, active search for and immediate reporting of AFP cases, investigation of all reported AFP cases and specimen collection for laboratories) should be given a top priority. Existing DSN 002 forms should be modified to allow for AFP reporting.
- 3. The planned diagnostic laboratories should be established as soon as possible.
- **4.** Allocate adequate funding to ensure continuous functioning of these laboratories.

PROGRAMME MANAGEMENT

POSITIVE ASPECTS

Proper management is paramount to the effectiveness of the project. For the project to be successfully implemented, support must be provided at every level of the structure. The project structure is outlined in the organogram provided on page 28 in the Project Profile, attached as an appendix to this report.

- 1. As mandated by the last evaluation, the project has been decentralized to include four areas which correlate with the four Primary Health Care health zones of the country, and made the Rotary club its primary focus. This was done to ensure greater ownership of the program at the Rotary club and community level. This transition is being implemented and progress has been made.
- 2. At the National level, the Chairman has successfully established a strong rapport with the Federal Ministry of Health and agencies, NGO's and international agencies such as UNICEF, USAID, WHO, CPHA, etc. The Chairman serves on national committees on matters pertaining to EPI and PolioPlus Nigeria.
- 3. At the Zonal level, State PolioPlus Chairman have been appointed to direct the affairs of state which covers the activities of all Rotary Clubs in the Zone. Zonal, state and LGA Committees have been formed and each meet on a quarterly basis.
- **4.** PolioPlus Volunteers are found at National level, and all the way down to the grass roots in the communities. Furthermore, PolioPlus is in close contact with LGA health functionaries as well as with local NGO's in many states.
- 5. Since 1993, four technical officers have been placed throughout the country, in the primary health zones. As a part of the UNICEF/RI PolioPlus Memorandum of Understanding, these PolioPlus Project Assistants (PPPA's) are based in UNICEF offices, working in EPI with PolioPlus. This arrangement has worked well in three of the four zones, and has enabled quick, reliable health information to be fed into the project on a continuous basis.

- 6. The communication material, particularly the "PolioPlus News" are of high quality and serve as a mainstay in relaying information to Rotarians and their EPI counterparts.
- 7. Organized collaboration with various agencies has **proven** effective for identifying needs, resources and developing coordinated activity plan related to EPI. The national representation of the project on these committees has had a positive impact on the project.

CONSTRAINT

In the last three years, financial draw downs from the grant from RI **HQ** to the project have been delivered on a sporadic time table and in inconsistent **amounts.** Furthermore, the exchange rate used by Rotary **Intenational** Headquarters is dramatically different from the prevailing exchange rate in Nigeria; thereby significantly weakening the value of the grant provided to Nigeria. The irregularity of the financial transfers makes it difficult to make plans, administer the project or disburse funds for immunization activities.

RECOMMENDATION

The National Chairman should discuss with financial authorities and other key 'RI officers at Rotary International Headquarters to settle the issue of the irregularities in financial transactions for the project.

CONSTRAINT

Communication between club, state and zonal levels are poor and inconsistent. The decentralization of the project down to the club level has created greater opportunities for involvement in the project, it has also increased the level of effort required to keep them up to date. This difficulty arose due to the increased cost of reliable private postal services.

RECOMMENDATION

The State Chairman allowance should be reviewed upwards from NlOO to at least', Nl ,000 monthly.

CONSTRAINT

Lack of coordination between PolioPlus and EPI functionaries has resulted in a lowilevel of effective EPI management in some areas. EPI developments or events, such as **LIDs**, may occur without the knowledge of PolioPlus volunteers in a given area and vice-versa.

RECOMMENDATION

PolioPlus should improve interaction with EPI management at all levels and vice **versa.** PolioPlus Programme Assistants who are based in UNICEF offices in the zones in order to provide greater technical support to the project, should make the greatest use of resources available through UNICEF and other EPI entities.

CONSTFWINT

Delegation of responsibilities among Community Based Volunteers has not been properly worked out. They have not been fully used at government health facilities or at Rotarian Medical Clinics.

RECOMMENDATION

The LGA Coordinators should ensure CBVs are sensitized and trained to function effectively. Incentives, e.g. travelling allowance, should be provided to make the most of CBV efforts.

CONSTRAINT

The prevailing economic situation in the country has adversely affected not only the number and size of Rotary clubs, but also their capacity to embark on free immunization activities.

RECOMMENDATION

PolioPlus Nigeria should continue to determine innovative and alternative mechanisms for financial support. Rotary Medical Doctors should be reminded, for example that the cost of vaccine consumables (cotton wool, syringes, etc.) can be reimbursed as a club community service. The project should fund in partnership with the clubs, various project activities in the states, particularly during crisis.

CONSTRAINT

In some states, Rotarians have adopted more LGA's than they can responsibly take on, thereby weakening their support and spreading their efforts too thin.

RECOMMENDATION

PolioPlus management should ensure that the Rotary clubs adopt the optimum number of LGA's that they can manage, as measured by their ability to recruit, train, deploy Community Based Volunteers and Rotary Medical Doctors, and needed logistical support for the LGA authorities and government health centers.

SOCIAL MOBILIZATION

POSITIVE ASPECTS

- 1. The desirability of raising public awareness, communication materials have been developed and distributed.
- 2. Substantial efforts have been made to realize awareness of PolioPlus through

the use of various media (Television, radio, traditional forms of communication), handbills, fliers, T-shirts, posters, stickers, aprons, etc.

- 3. The **EPI** Baby-of-the-year award competition has been an effective means of social mobilization.
- 4. Political leaders at all levels, community/religious leaders and opinion leaders have been mobilized to support EPI activities.
- 5. Social mobilization is effected at State/LGA levels through health **authorities**, NGOs and other private sector organizations.
- 6. **Social mobilization has been more effective in** urbanareasduetomass-media coverage, high level of literacy, mobility and public awareness.

CONSTRAINT

最大は大学の対し

Social mobilization has not always been given the importance it deserves.

RECOMMENDATION

PolioPlus should continuously promote public awareness as well asincrease mobilization of Rotarians first, then State/LGA Chairmen.

CONSTRAINT

Absence of logistic and financial support especially in **ina**ccessible areas. Absence of manpower and media coverageisalsoa problemin these areas.

RECOMMENDATIONS:

- 1. **PolioPlus** should make the best of Rotarian resources, as well as other **professional and** socialcontacts.
- 2. **Provide** more logistic and financial support through fund-raising activities and other means by Rotarians.

CONSTRAINT

Lack of adequate information materials for all partners involved in EPI activities.

RECOMMENDATION

Provide more EPI publicity materials (posters, stickers, pins, apron, T-shirts etc) to all partners involved in social mobilization.

CONSTRAINT

Lack of consistent advocacy at all levels.

RECOMMENDATION

Ensure the participation of high level political leaders, and relevant ministries for advocacy efforts.

CONSTRAINT

がは、

Lack of community participation in EPI activities where **Rotarians** have not sensitized the target population towards **the** realization of PolioPlus objectives.

RECOMMENDATIONS

- 1. Mobilize and train CBVs.
- 2. Based on the success of the EPI-Baby-of-the-Year Award as an instrument of social mobilization, there is need to introduce similar awards for all components of the immunization programme eg . 1) Best Immunization Centre, 2) Best Cold Chain Store/Officer, 3) Best EPI LGA Coordinator, and 4) Best EPI State.

CONSTRAINT

Some LGA Co-ordinators adopt too many LGAs.

RECOMMENDATION

Clubs should adopt only LGAs they can adequately cater for.

VOLUNTEER TRAINING AND PARTICIPATION

POSITIVE ASPECTS:

- 1. In all the States, Rotarians and community-based volunteers have identified with the PolioPlus programme.
- 2. These trained volunteers are actively involved in support of EPI activities at State and LGA levels, including planning.
- **3.** Rotarians, Health Managers and PolioPlus Programme Assistants were responsible for the training of the volunteers.
- 4. Training has also been conducted for Club Presidents and Club PolioPlus Committee Chairmen at the Presidents Elect Training Seminars while State Chairmen, LGA Coordinators, rotarian medical doctors, Immunization coordinators and Fundraising Coordinators have been trained throughout the country at various times.
- 5. The National Technical and Training Committee has put in place training modules for all cadres of PolioPlus implementers.

- 6. Additional community-based volunteers are being mobilised for enlistment and tiaining.
- 7. The input of all the PolioPlus functionaries have been appreciated for the support provided to EPI activities at the State and LGA levels.
- 8. A Rotarian Medical Doctors are recognized for their involvement in free immunization exercise.

CONSTRAINT

THE PROPERTY OF THE PROPERTY O

A STATE OF THE PARTY OF THE PAR

a:

41

There is not a high percentage of Rotarians being trained as LGA, immunization and fund-raising coordinators in some areas. Similarly, not all Rotarian Medical Doctors participate in the PolioPlus Free Immunization Programme.

RECOMMENDATIONS

Mobilize and sensitise Rotarians at District and Club levels to accept and support PolioPlus as a club project.

CONSTRAINT

There are inadequate community-based volunteers to cope with the EPI activities.

RECOMMENDATION

Mobilize, train and sustain more volunteers to support EPI activities.

CONSTRAINT

There are transportation problems in conveying community based volunteers to the training and EPI activities sites.

RECOMMENDATIONS

- 1. Expenses and travel claim reimbursement be extended to the community based volunteers.
- 2. Road transport workers union and other NGOs and PVOs should be mobilised as volunteers for provision of transportation in support of EPI activities such as training of CPVS.

CONSTRAINT

Delayed community based volunteers training has caused high drop-out rate.

RECOMMENDATION

PolioPlus committees should endeavor to train community based volunteers within 90 days of enlistment to sustain their interest in the programme.

CONSTRAINT

Training carried out so far did not include surveillance.

RECOMMENDATIONS

- 1. Improve and enlarge contents of training and retraining of volunteers to include surveillance activities such as Polio case definition, identification of AFP and notification of polio cases.
- Surveillance training be extended to Community-Based Volunteers for lay surveillance.

CONSTRAINT

The economic down turn of the country has caused a high drop-out rate of Rotarian membership and community volunteers.

RECOMMENDATIONS

- 1. Direct personal contact of district members with clubs and volunteers to sensitize and sustain their interest.
- 2. More and constant recognition and incentives for volunteers at all levels.
- 3. Zonal Programme Assistants should send copies of the programme protocol and continuous updates to the LGA Coordinators through the State PolioPlus Chairmen.

CONSTRAINT

Low participation of Rotarians and community-based volunteers in PolioPlus programme.

RECOMMENDATIONS

- 1. More sensitization and mobilization visits of National committee members to clubs.
- 2. District Governors to be encouraged to actively propagate participation of clubs in PolioPlus programme.
- 3. Participation of community-based volunteers can be increased by utilizing them at Rotarian Medical Doctors clinics and adopted free standing facilities providing free immunization services, e.g. completing of vaccines record, baby tracking etc.
- 4. Attention of clubs to be drawn to the fact that PolioPlus is a cost effective community project.

SUBSTITUTE DOD THOS PHENERATION OF DECOMMENDED ACTIVITED DOS TODING NICEDIA 100K/QL

1				1	ソソ 1	D										17	ソロ							1		
ACTIVITIES	1		M				1 1 S	 	N	I ID		J	 F	M	A.	M	4 -	4 4 	A:	S	0	N	 D 	 RESP		 EXPECTED OUTCOME
 1. Supplemental LIDs 	_ . 						- ' _ 	-	-· - - +	-	.!. 	_	'- 	'	-, +'	 +:		-¦	 :	_ ;	' — !	 	 	 Govt/NGO 	Y —	;
2. Establish EPI Committees at all levels	+	· .	+ ,	! !	. +		+ 	+ 		 	 		1	' ' '	•	•	1	 		i i	 	 	 	 covt/PP 	N	! !
 3 Distribute national policy/standard of pract- ice	 - 						1 1 1	 + 		 + -	 	+	 + 	, +· , +·				 		 	 	 	 	 Gov=/N ∞ 	Y	! ! !
 4. Review transport sy∈teঅ for EPI	1 1 1+		+,	1			1 1	1 1		 	1		1 1 1	' ' '				 		} 	 	 	 	! ! SPPC !	Y	
5 Forms, Gards, registers to be product and dis-	!			1 1			1 1	 + 	. +	 - + 		+	 	, ' , +,						 	!	} 	 		Y	! ! !
tributed 6.Sensitize Rotarian Doctors	 +		· ·	· · · · +		1 1 1 1	1 1 1 1 .	 		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 .		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· ·		1			1			! ! !			U	1
7. Funds for EP± vaccine purchases				, + ,			 + 	 -		1 1 1		+	† † 	, '		+ .	1	 		 - -		f † 	1	Plos Govt - Poli o PloE	Y Y	
8. Cold chain supervision and backstopping	1 1		+,	! !		. +	1	1 1 1	. +	1	1	+	 	, , , ,	+,			 + 		 	+	! ! !	i 	 Gov≅/N∞ 	Y	;

, old store further	1 	; ; ; ;		1	† 	! 	1	 	1 1 1	1] 	1 T 1	1 1 []	 	1 	; 	! 	1 	r 	r 	ı Gov⊏/NGO 	i Y 	! !
,10 Kano co stores rehabi- litatedld	+	+ 				1	 	 	 	1 1 1		· · · · · · · · · · · · · · · · · · ·			: 					iGov⊏/NGO I I	Y 	
් Colල chain Training an , sta_f recruitment	 +	 +			1			! !	 		 		1	 	1 1	 	 			¦ Gov≖/NGO	 우	
.12 Supply oold chain to places of shortages	 +		1			1		1	1				 				1			 Gco= /NGO -	! ! ! Y !	
 		 + 	 	+	! 			 	! 	 	1 1	 	 			 	 	 		 G⇔t/NGO 	 Y	
 14 Trainin of health wor×ers™on polio eradioation strate ies	1 1 1		1	+	+	 - + - -	+	† †		 + -		 + 	-	 	+				Ç	i fov ±/NGO I	 Y 	
15 Modify DSN002 form to accommodate AFP reporting	+	, , + 	+	+ +	 	 	 + -	' + 	 + 	 + -	;	+	+ +	+ +	 - + - -	 - + -	 + 	, , + 	((j gov ±	Y 	
16 Establish [©] iagno∈⊏ic laboratorie∈		 + 	 	+	 	i 	1	 	 	i 		1				i 	 - -	 	Ç	Gov ⊏.GO] Y 	· ·
17 Funding for laboratori≡∈				 -	 - -	i 	 + 	 	 	 	 + 		+	+	- - -	1 1 1	 		 	∞±G0 I		
												 	-				1		 			
	i i	i i I_I	_i _i.	_ i _ i _	.i _!_	i .1_	 	!	<u></u>	i i_i	i i I_I	_i _i	_!_	_	i .!_	 	i i	i i !_!	!	‼u ∈ 	 	

	1996

EA: PROGRAMME MANAGEMENT				99	95					ı					19	996	5						1		
ACTIVITIES		•			 	A I I	s; °	۰ ۱	M. D	' . 	J	F	M	 A	M	J	 4	l A 	l IS		E		 RESP 		 EXPECTE OUTCOME
Discussions betwe believed PolioPlus Nigeria on Rotary Internation 1 Headquarters Officers to regulate einangial drawdowns from the grants			•	· M · · · · · · · · ·	_	_						' 		 		_	'		'	· —	-		Chairman Chairman I I I I I I I I	N	
PolioPlus should increase coordination wit EPI at al- leVels. Programme Assistants should make the greatest use of resources available to them through UNICEF and other EPI entities.		+	. +	- - + - - - - - -	· - - - - - - - - -	+ + 	+ -	+ + + + + + + + + +	· • •		+	+ - 	, ! + - - 	 + 	 + 	 + 	. +	+		! + ! ! ! ! ! !	 + - - - - -	 + - - - - - -	 Chairman PPPAs ZPPCs SPPCs CPPCs 		
Programme management shoold ensure that the Rotary Clubs adopt the optional number of LGAs that they can manage? as measured by their abilitto recruit, train and deploy CBVs & Rotary Medical Doctors & provide needed logistical support for the LGA authorities	 	++	+ + + + + + + + + + + + + + + + + + +	 - + 		+	+	 			+							! + ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !		+ 	! + ! ! ! ! ! ! ! ! !			N	

					,	,		1									1	1	ı	ı	ı	<u>.</u>
	sensitiz ^m an ^m trai≻∈d	1		1	1	1	1	- 1		I i		1	1	1	I I	¦	1	1	i i	i i	1 ‡	4 I
1	to function e-fectioely		! !	!	- 1	1	1,			1			- 1	- 1	1	<u>.</u>	1	1	í I	1	! !	1 1 1
!		!	1 1	ı,	!	- 1	í	1 1		1		- !	1	1	1		1	1))	1	6 1	
!		l		i	,	-	!	1 1		1			- !	1	1	<u>'</u>	 	;	i 1	1	1 1	
1		1	1 1	!		- !	!			!		- !	- 1	1	1	<u>'</u>	1	1	i 1	 Chairman	ı INT	, , , , , , , , , , , , , , , , , , ,
	PolioPlus should continue		1 1	. !	l I	1	1	1 1		i		- !	- !	-	!		-	1		IZPPCs	} i TA	1 1 1
	its active representation	l 1	1 1	- (- 1	- 1	1	1 1		í I		!	- !	-	1	<u>.</u>	1	1	•	ISPPCs	l 1	; 1 1
	and involvement in	1	1 1	- 1	1	1	1	1 1		1		1	ŀ	1	1	<u>.</u>	1	;	•	ICPPCs	! 	;
	national and International	Ţ	1 1	- !	- 1	-	1	1 1		1		- 1	- 1	į	1	<u> </u>	1	1		Executive	 -	
	agencies such as the	i i	1 1	-	1	- E	1	1 1		1		- 1	-	1	1	<u>.</u>	-	i		Cnt	= 1	, . , .
	Inter-Agency Coordinating	! !	1 1	1	1	1	1	1 1		!		1	- 1	i	1	<u>'</u>	i	1	' !	l	! !	; ;
	Committee, the Inter-	! !	1 1	1	1	1	1	1 1		1		-	- 1	-	! !	<u>'</u>	<u> </u>	1	!	ı I	' 	, . , .
	Agency Technical Commites NANGOH etc.	1	1 1	- 1	(i I	1	I 1		ì		- 1	l I	1	1	' . I	<u> </u>	ì	,	1	1	
1 1	NANGUM etc.	:	1 1	- 1	1	1	i I	1 1		1		l I		i	1	' . }	i	;	•	IZPPC =	i	. '
1 4	State and LGA PolioPlos	i I	1 1	+ 1	 - -	ı . l⊥	1 1 +	ı 1 1 + 1	+	1		- 1	1	i	ì		i	ì		ISPPCs	I	
	Representatives at meet-	1	1 l	' 1	· [7	1	1	; ;] [•	: 		1	,	i	1	i	i	i		ICPPC =	I	· .
	ings to organize j int	! 	1 1	1	i	i	!			· I		i	i	i	i	' . I	ì	i	!	1		
	nealth ventures sh8ol«	1	, , , ,		1	i	1	, , , ,		i		i	i		_	. '	i	i	' 			
-	increase.	1	1 1		' 	i	1	1 1		1		i	i	ij	i	' . I	i	;	' I	i	I	, . 1 1
l .	increase.	' 	, , , ,	;	1	i	1	 I 1		i I		i	i	i	i		i	i		i I	I	i i
17 1	PolioPlus management in	1	1 + 1	+ 1	' + 1 +	- +	1+	 →	+	! +	` ₊ '	+ 1	+ ¦+	· - +	I +	, + +	. +	1+	+	National		
	Inter-Agency Coordinating	1	i	i	1	i	i	, 		i		i	i	i	i l	i .	i	i i		Chairman		i i
	the development and	i	i i	i	i	i	i			i I		i	i	i	i	I	i	i i	ĺ	1	i I	i i
	adoption of a Memorandum	i	ii	i	ì	i	}			[i	i	i	i i	I	i	i i		Collabo-	I	i i
	of Agreement on commanage		ii	j	i	i	ì	ii		i		i	i	i	i	i .	i	i			ΙΥ	i i
	ement and co-maint nance		ii	i	i	i	i	ii		I		i	i	i	1	1	i	i		lAgenci∈∈	 	ĺ
	of cold rooms throughout		ii	i	i	i	i	 I i		i		i	i	i	i		i	i		1		i
-	the country.	i	ii	i	i	i	ì	ii					i	i	i i	 I .	i	i		i		ĺ
1	che obditery.	!	ii	i	i	i	i	ii		[: :	Ĺ	i	ĺ	i	1 .	i	i		Ì		1
i8	Asses: office equipment,	i I	+	i	i	i	i	i	+	i		i	i	1+	İ		i	i		 National	,	i i
	supplies and training	I	 I I	i	i	i	i	I i	,	l		j	i	Ì	1	ı .	Ī			Chairman		ı i
	needs an opdate as	I	ii	i	ŀ	i	i			l		i	ì	i		1	i			Polio-	! i	1
	needeg.	l	i i	i	i	İ	İ	İ		Į		i	İ	I	1	١.	1	1		Plos	İ	i i
i			1	i	i	Ì	İ	1		I		i	1	1		١.	1	1		ISeo.		1
i		1	ii	İ	1	İ	İ		·	ł		1	Ī	ł		١.	1	1		1]	1
i	i	ļ	Ιİ	i	1	ı	İ	Ιİ		I		- 1	İ	1	1	١.	1	1 1		1	! 1	1
i	İ	t	1	Ī	Ì	1	I	ΙÍ		1		1	ļ	1	1	١.	1	1		1	l i	1
i	ĺ	}	ΙÍ	1	1	1	1	Ιĺ		i		- 1	1	1	1 1	١.	1	1 1		1 1		. 1
i		l	Ιİ	ł	١	i	ı	1 1		l		Į	1	l	1		1	1		1 :		1
1		l	1_1	_1	_	_1_	I _	1_1	1	<u> </u>		_1	_ I _	_1_	1_1	۱	_ i	1_1	_	fi		1

ACTIVITIES	 A	i Vi M	 J	l ∤J	 A	 S	 0	 N	l D] J	 	 M	AI	i Mi] J -	 J	 A ;	I S I	<u> </u>	N N	D	RESP	COST	EXPECTED
	!	!	!		!	!		. !		!	!	!	!	!	!	!	!	!	!	!	!		 -	1	OUTCOME
	! 	 -	! 	l 	! 	! 	l I 	_'_		!—	-! -	-! -	- <u>'</u> -	-! -	-! -	-! -	-!	-!	.¦ –	-!	-¦.			<u> </u>	
	l 	 	l	l 	Ι 	١	 	۱	l 	١	1	١.	١,	١.	١.	1	1	1	Ι,	١.	1			١	
	KE	RS	+			. † I	111		1 1 1	ļ	 	+ 1	+ 1	+ 1	+	+ 1	+ •	+ •	+ 1	+	+ 1		National		Get comm
AND OPINION LEADERS AT	!	1	 -	l	!	 -		l			1	1	ı	I	1	1	1	1	1	1	ı		Cmt	1	litment
ALL LEVELS.		1						l			1	1		1	1	1	1		I	1	1		ISPPC		
	l	ı	l		l	l		I		ı		I	ı	ļ	ı	ı	ı	ı	ı	ı	ı		ZPPC	I	
 Visit policy makers 	l	ı	l		l	l		ı		l	ı	ı	ı	ı	ı	ı	ı	ı	ı	ı	ı				
and opinion leaders with		ı	İ	I	I	l	l l	ı		ı	ı	I	ı	I	ı	ı	I	ı	I	ı	ı				
the aim of:	l I		I		I	I	ı	I	I ,	į	-	ı	ı	ı	I	ı	I	I	ı	ı	I				
- creating awareness		I			I	I		I		l	Ι	I	Ι	I	I	I	I	I	I	I	I				
 identifying barriers 	l	1			l			I		l	1	1	1	1	ı	1	1	1	1	1	1				
and solving these.		I			l			- 1				l	1	I	I			۱ ۰	1	1	Τ				
	l	I			l			I		l	ı	1	1	1	I	1	1	1	ı	ı	ı				
2. Report OE visit to	l	+ .	F H	- -	+ -	F 4	+ +	+	+	+]	11	1]]	11]]	1]	1	1			
leaders		I			l			ı		l	1	1	1	1	1	1	ı	1	1		Ι				
I		I			l			- 1		l	1	1	1	I	1	1	I	I	I	Ι	I				
I		ı	I	ı	1	- 1	l	-1-1		l	Ι	ı	Ι	I	Ι	Ι	I	I	I	ı	Ι				
	-	ī	ľ	ı -	١-	ı -	ı	- 1	-	ī	Ē	1 -	ı	`i `	Ι.	٠, ٠	ı '	ī	ī	ī	Ĺ	-			
B. TRAINING/ORIENTATION		ı	ı	ı	ı	l	1 1	ı		l	Ì	Ĺ	i	Ĺ	Ĺ	i	Ĺ	i	Ĺ	Ĺ	ì				
		i	İ	l	İ	l	l	ĺ		I	Ĺ	Ĺ	Ĺ	Ĺ	Ĺ	Ĺ	Ĺ	Ĺ	Ĺ	Ĺ	Ĺ			I I	
1. Integrate Rotarians		i	i I	+	1 1	I I	i	i		I I	, 	ĺ	Ĺ	ĺ	Í	! +	ĺ	Í	ĺ	ĺ	Ĺ		ZPPC	INI	Ensure
and Rotary family into		i	i	, · 	i		i	i		 I	I		'n	i.	i.	, . I	i I	i I	i i	i	i				awareness
ownership of programme		i	i	i	i	I I	i i	i		i	i	i	i	i	i	i	i	i	i	i	i			•	or part-
ownership of programme		i	i	I	i i	' '	' '	i			i	i	i	i	i	i	i	i	i	i	i		Diro	-	icipation
- PolioPlus to be subject!		' 	' 		' 	' ' 		'		' 	1	1	' 	1	1	¦ .	1		1	1	1		DG		of all
_		!	Į ₹ I	! !	! !	 		'		! !	!	!	¦ .	!	!	!	1	!	!	!	!	i I	DG		Rotarians
0g District plan 0g		!	! !								1	1	!	1	1	!	1	!	1	1	!		l	! !	Rotarians
action.		!			!			!		!	!	!	!	!	!	!	!	!	!	!	!				
		!	l 					!			١.		.'			1	!		!	!	!			I N	
- Adoption or PolioPlus		1		+	[!			۱ . I	١.	١.	١.	١.	+	Ļ	١.	l .	!	1		Zones		
as district/club		!	I		I	. !		!			ŀ	1	!	!	1		!	1	!	1	İ		DG		
project.		!	 		 		<u> </u>	!		l	1	1	1	1	1	1	1	1	1	1	!	ا			
		1			 -		ı	١			1	1	1	1	1	1	I	1	I	1	I		Clubs	I N I	
- Form J Club PolioPlus		1	l,	+			ı	I			I		I	I	I	+	l	l	ı	I	I				
Comittee		I			I		I	I	١	l	I	I	I	I	I	I	I	I	1	I	I		I	I	
committees as nucleus		1					I	- 1		l	1	I	1	I	I	1	I	1	I	I	I				

1	of getting volunteers	1				,					. 1	,					1					
1 		1	 	 	 	1	! !	 	1 			! 	1	1 	' . ! . ! .	į Į	 	i 1	'			corps or volunteers
 	- I entify and strengthen comm ^u nity devslopment comm ⁱ t⊏ee as nucleu of gettin volunteers	1 	 	 	+ 	! ! ! !	 		 		 	1 1	!!!!!!!!	 	; ; ;	 	1 1 1	 		Local Rotary Clubs		
	- Community_Base of volunteer a	1	 	+ 	 	1	- i - i - i			+ '.	+	1	1	1	 . .	ł 	1	1		Local Rotary Club	_	Same a= above
! !	- Me «icai Doctor =	! !	1	+ 	 	<u> </u>	· 	1 1	1	+ .	. + <u>!</u>	+	1	 	! . ! .	! 	1	1	! !	İ		
 	- Health Officers	1 1	1 1	+ 			·	 	} 	+ , ,	1 + 1 1 1	+] ;] ;] ;	; , ,	 	1 1	 	! ! !	1 		
Le	ogistics	1	1	l 1	 	l	1	1 1	1		.	1	1		l . I .	l I	1	1	 			1
la 	Jingles, media/TV,rodio ad Vertisements, post∈rs, me∈sages, traditional me⊸ns of communication	 - - 	+ - -	+ 	 ; ; ;	 			! ! !		+	+ -	+ + 	·	+ . . .	+ + 	· + ! ! ! !	+ 		National Cmt/Club		Raise awarEness
 b 	Publication of PolioPios bulletin	 	 	+ 	 	1 	 	! ! ! !	+ i 			+		+ 		+ 	 	1		Nations Cmt	Y	!
 	Publicity materials (T-Shi ^r ts, stickers,pins aproms etO)		1	 			 		 		1 1	 	1 1 1	 		1 1 1	1 1 1	 		Nationa⊥¦ Cmt/Clv I		
 @ ⁻	Continue EPI Baby of the Year Award competition and initiate others.	 	 	 	 	! ! !	 + 	1 1			! ! ! !	 	1	! !] 	 	1	•	 National Cmt/Club		

at meetings	1 1	- 1	1 1	ı	1 1	ı	ı	ı	1 1	1 1	ı	1	1 1	- 1	ı	ı	I CPPC		Icoverage
	1 1	- 1	1 1	- 1	\perp	- 1		1	1 1			1		- 1	-	ı			
 Involve collaborating 	1 1	- 1	1 1		1 1	- 1		1			- 1	I	l I	- 1	-	1	IZPPC		
agencies	1 1	ı	1 1	- 1	1 1	ı	-	I	I I	I	I	1		- 1	1	I	SPPC		
_	1 1	I	1 1	1	1 1	ı	-	1	1 1	1	1	I		ı	ı	I	T/T Cmt	I	
3. Organize training	1 1	1	1 1	- 1	1 1	ı	- 1	1	1 1		1	I		- 1	1	1		I	
	1 1	I	1 1	- 1	1 1	ı	- 1	1	1 1		- 1	I	I I	- [1	1	T/T Cmt	A	
-for CPPC	1 1	[+]		ı	1 1	ı	ı	ı	1 1	- 1	ı	I	1	- 1	Τ	1	T/T Cmt	I	
	1 1	i i	1 1	- 1	1 1	ı	ı	ı	1 1	- 1	ı	I	1	- 1	Τ	1	İ	I	
-for CBVs	1 1	1	1 1	- 1	1 1	ı	ı	1	1 1	ı	1	ı	I	- 1	Τ	1	National	ΙΨ	1
	1 1	1	1 1	- 1	1 1	ı	ı	1	1 1	ı	1	ı	I	- 1	Τ	1	Committee		
-for PV0s/NG0s	1 1	1	Ιİ	- 1	1 1	1	ı	1		- 1	1	I	- 1	Ι	Τ	1			
	, i	ı	Ιİ	Ī	ı i	Ì	Ī	1		İ	1	I		Ī	Τ	1	National	A	
	, i	ı	Ιİ	Ī	ı i	Ì	ı	T	I I	İ	1		İ	İ	1	Ι	Cmt/Club		
	1 1	1	1 1	1	1 1	1	ı	ı	1 1	- 1	1	1	ı	1	1	I			I
. CARRY OUT IMMUNIZATION		I	Ιİ	İ	Τİ	İ	ı	1		İ	1	ı	İ	Ī	1	ı			1
		I	Ιİ	İ	Τİ	İ	Ī	, 	i i	i	Ī	T	1	i,l	i	i	1		1
1.Advocate for more	1 1	ĺ	1+1	+ +	ĹĹ	Ī	J+	i	+ 1 +	-		i	Ĺi		Ī	i	IZPPC		Increase
immunization centres	1 1	Ī	i i	i	ji	İ	i	Ι,	, . 	· .	1	Ĺ		i	i	i	ISPPC		lin
both private and public	1	i	1	i	ii	i	i	i	 	i	i		i	i	i	i	ICPPC		limm.site
	i	i	i i	i	ii	İ	i	i	 	i	i	i	i	i	i	i			land cov-
2. Train Rotarians and	İ	1+	ĹĹ	1+	Ė	i	i	i		i	i		i	i	i	i	T/T Cmt I	A	lerage
Non-Rotarian Doctors	1 1	ĺ	i i	Ī		i	i	i	 i	i	i	i	i	i	i	i	IZPPC		
1,0.1. 1,000.1	 I	i	i	i	, . I	i	i	i	 I I	i	i		i	i	i	i	ISPPC		İ
	 I I	i	i i	i	i i	i	i	i	 I I	i	i	 	i	i	i	i			·
3. Monitor immunization	, , 	i	Ĺ	i	ii	i	i	i	 I I	i	i	 	i	i	i	i	ISPPC	ΙΨ	·
activities	 	i	 i	i	 i	i	i	i	 	i	i	 	i	i	i	i	IZPPC		İ
4001410160	· ·	i	ii	i	, , , ,	i	i	i	 .	i	i	, , 	i	i	i	i	National		
	i i	i	 I I	i	1 1	i	i	i	' ' 	i	i	' ' 	i	i	i	i			
	; ;	i	 	i	1 1	i	i i	i	, , , ,	i	i	, , 	i	i	i	i	I I		I
· SURVEILLANCE	1 1	i	 	'	1 1	'	' 	' 	, , , ,		i	' ' 		' i	1	1	T/T Cmt		 Increase
SOKABIDDWINGE		1	1 1	1	1 1	1	 	:	1 1	-		 		-	1	1	Ibbbv		•
	1 1		1 1	 		1	- 1		1 1	-	!	 		1		1	TARATI I		lawareness
1 Tarining of well-manage	1 1		1 1	1		1	-	1	, , , ,	- 1		, , , ,	- !	1	1	1			Ito watch
1.Training 08 volunteers	1 1	1	1 1	ı		1	1	1	 	l I	!	, I	- 1	1	1	1	ICPPC		for AFP
and EPI stafffor	1 1	 	1 1	1		- 1	- !	1	 		!	 	- !	!		1			
Surveillance	1 1	ı	1 1	ı	1 1	- 1	ı	1	1	- 1	- 1	ıl	- 1	- 1	- 1	1	1		I

reporting!					
	I			 I I	



CHRONOGRAM FOR IMPLEMENTATION OF RECOMMENDED ACTIVITIES POLIOPLUS NIGERIA 1995/96 AREA: VOLUNTEER: TRAINING AND PARTICIPATION

			· ·	19	95			•		,						1	99	96								ı			
 	ACTIVITIES	 A 	- M 	J 	 J 	 A 	1	 	1 110 1	- - N]	D	¦ — 	 F 	 	 	A A 	M.	J.	4	· A	1	5' (o'	N	D	-	RESP	 CO 	 S1
 1. 	Mobilize and Sensitize Rotarians at all levels to accept Po-io-Plus as a clob project	 	 	 	 x 	 x 	 	 	 	 	x	 x 	 x 	 	 	 	×:	×:	×	' ' ' ×	 	' ' '' ''	' ' < ' '	×'	×	1	NATCOM ZPPC SPPC CPPC	 N 	í
2	Mobilize recruit, train and sustain more community based voluntEers to support EPI	 	; 	 	 x 	 x 	, 	; ; ; ;	 x x 	 	×	, 				 										1 1 1	CPPC	 Y 	
3	Community-based volunteers should be see to mobilise their respecti w communities			 				1 1 1	.	1 1 1	,		` ' ×	·	(; 	x 	×	x 	x 1 		()	; 	x 	x 		CPPC		N
 4 	Reimburse travel gxpenses of compunity-based voluntsers during training and participation				 x 	 x 		 	 	 	×	 	 		 	× · · ·	 	×'	 	 ×				 	 		CPPC	 Y 	
 5 	Rotary Clubs/members to provide transport for commumity-based volunters for EP4 activities] 	1 		1	1 1	1 1 2	ן כ x 	 	x	 × 	 x 	 	 		! ! × ! ! !	×'	×	' × '	' >	' ;	' ×' '	×	 × 		CPPC	 N 	

																					ē	
should be mobilised to		- 1	- 1		l	11	\mathbf{x}	хlх	< l:	x I	\mathbf{x}	\mathbf{x}	хl	хŀ	хl	хI	хI	хl	x	xlx	I CPPC	ΙN
put their vehicles at the	I	I	I	I	I	I		l	ı	ı	ı	ı	ı		ı	- [-	ı	-1	1	Ī	
disposal 0 g the programme!	1	1	I	I	I	I	l	I	I	1	1	ı	ı	-	ı	- 1	-	ı	-1	ı	1	1
	- 1	I	I	I	I	l		l	1	ı	ı	ı	ı		ı	- [-	ı	-1	1	1	
	- 1	I	l	I	I	I		I	1	1	1	1	ı	1	Τ	-	-	1	ı	-	ļ	
7. Community-based	- 1	I	l	I	I	I		I	1	-	1	1	1	1	1	-1	-1	1	ı	1	Rotary/	I
volunteers should be	- 1	I	I	I	I	I		I	1	İ	1	-1	Ì	-	1	1	-1	1	1	ļ	INGOs	ΙÆ
trained within 90 days	1	1		I	I	I		l	1		Ι	1	-	1	1	-	- [ı	-	I	ISPPC	
0 ε enlistment	- 1	ı	I	I	1	۱x	(x	١x	lх	Ιx	:Tx	: 1	1	ı	1	1	1	ı	Τ	I	ICPPC	
1	- 1	1		I	l	I		I	1	-	1	1	1	1	1	-1	-1	1	ı	1		
	1	1		ı	I	ı		I	ı	1	Ι	Τ	1	ı	1	Ι	1	1	ı	1	INATCOM	ΙA
8. Provision of working	- 1	1		I	I	I		I	ı	1	Τ	Τ	1	Τ	1	1	1	1	Τ	ı	IZPPC	
tools for community-based	1	1		I	ı	ı		l	ı	1	Ι	Τ	1	ı	1	Ι	1	1	ı	1	ICPPC	1
volunteers	- 1	1	ı	ı	ı	lх	١x	lх	lх	lх	Ιx	: 1	ı	ı	Ι	ı	ı	ı	ı	ı	1	1
1	- 1	I		ı	ı	, 	. , 			I	I	Ī	1	1	ı	ı	ı	ı	ı	ı	1	İ
1	- 1	I.		I	ı	I		I	1	ı	ı	ı	- 1	- 1	1	1	1	Ι	Ι	1	Ì	1
								i							Ċ		Ċ					
	!	!	l		!	!	 			!	!	!	!	!	!	!	!	!	1	!		
9. Develop contents 08	!	!			!	!	 			!	!	!	!	!	!	!	!	-	!	!	1704611	
training and training	!	lх	X	١×	[l		 -		!	!	!	!	!	!	!	!	!	!	!	IFMOH	
modules for community-	!	!			!					!	!	!	!	!	!	!	!		!	!	1 2333 1	I A
besed volunteers/Health	!	!			l	!				!	!	!	!	!	!	!	!	!	!	!	UNICEF	!
official with emphasis on	!	!			!	!	! ! 			-	- 1	-	-	- 1	-	-	-	-	1	ı	INATCOM	
surveillance	l l	1		l						ı	ı	ı	ı	ı	ı	ı	ı	ı	ı	ļ		
	l				 -	<u> </u>				ı	١	١	ı	ı	ı	ı	ı	ı	ı	ļ		
10 Training and re-training !	ı	I		I	X	lχ	lx!	l		ı	ı	ı	ı	ı	ı	ı	ı	ı	ı	ı	INATCOM	ΙA
0g LGA Coordinators	I	I	l I	l	I				1	I	I	I	I	ı	ı	- 1	ı	I	ı	ı	IZPPC	
and providing them with	I	1	l I			l				ı	ı	ı	ı	ı	-	ı	ı	ı	-	ı	ISPPC	
adequate information	I	1	l I			l				ı	ı	ı	ı	ı	-	- 1	- 1	ı	I	ı	1	
materials	I	1	l I			l				-	ı	ı	-	Ι	ı	Ι	ı	ı	ı		1	
I	I		ΙI		I		l l			-	ı	ı	ı	ı	ı	ı	ı	-	-	-	I	
1		1	l I	l	I		l I			I	ı	ı	ı	Ι	ı	Ι	ı	I	I	1		
1	- 1		l I	l	I		l I			-	ı	ı	-	Ι	Ι	Ι	-	ı	1	1	1	
11 Provision og PolioPlus 🗀	- 1	1	ΙI	l	l I		l I			-	-	-	-	-1	1	- 1	-	ı	1		1	
items e.g. aprons,		I	1 1	l	x	x	x	ж	1	$\mathbf{x} \mid :$	хİ	- [- [- [1	- 1	-	1	Ι		INATCOM	Y
T-shirts to community-	- 1	1 1	l I				П		I	I	I	1	Ι	1	1	1	1	1	Ι	1	IZPPC	İ
based volunteers		1 1					П		I	I	1	1	Ι	Τ	1	Τ	1	Ι	Ι	I		1
1	I	1					ΙI		I	ı	1	1	Ι	Τ	1	Τ	1	Ι	Ι	1		İ
	I				ı		ΙÍ		ı	ı	1	ı	ı	ī	1	i	i	ı	i	1		İ

ı	1									ı		ı	ı												1	1	
 12 Recognition 0 E				1	 	, ,		! !	!	1	-			 	!	!	!		1	, ,		l I	1	1	1	1	1
outstanding volunteers	' 	-	-	- 1	-	i			<u> </u>		-			! !		1			ا این	ا اید	.,	 	 22	ا اعت	 PolioPlu	A	<u> </u>
dnd, implementers at all		i	i	i	i	i		! !		i	-	X	X	IX.	1 %	IX I	. 2	: I :	X I	X I	Х	l X	1 2	. J. A.	ISPPC	V.	1
levels	i	i	i	i	i	i		I	i	i	÷			' 	i	i	i	÷	i	' '		' 	;	' '	ISPPC	1	1
IEAEIR	i	i	i	i	i	i		' 	i	i	i	'		' 	i	i	i	i	i	i		' 	i	' 	i I	 	1
	i	i	i	i	i	i		' 	i	i	i	ľ		i I	i	i	i	i	i	i		' I	i	i	i	1	i
13 Advocacy visits	i	i	•	H.	(] :	x l	хI	×	· l x	×	i	•	ı	I	i.	ï	i	i	i	i		I	i	i	NATCOM	ı A	i
	1	1	ı	Ī	Ī	ı			1		1	-		ĺ	ĺ	Ĺ	ĺ	ĺ	Ī	ĺ		ĺ	ĺ	Ī	IZPPC		i
		1	Τ	Ι	- 1	ı		ı	ı	I	1	ı		I	I	ı	Τ	Τ	-1	١		I	ı	Ι	ISPPC		Ì
		Τ	Τ	ı	- 1	- 1		l	ı	I	- 1			I	I	I	1	Ī	-1	ı		I	I	1	ICPPC		- 1
		Ι	Τ	-	- 1	- 1		I	I	I	- 1	- 1		I	I	1	ı	Τ	- [- [I	I	1			
		Ι	Τ	-	- 1	- 1		I	I	I	- 1	- 1		I	I	1	ı	Τ	- [- [I	I	1		I	
114 Increase activities 0 8		- [1	1	- 1	I		l	I	1	-1			l	I	1	1	Ι	-	- 1		I	1	1	PolioPlu	A	
community-based		- [Ι	1	- 1	- 1		l	I	I	-1	x	lχ	lх	Ιx	:1>	: 15	c l	хl	x l	x	lх	ĺх	x l	1	I	
volunteers at Rotarian		- [-1	-1	- 1	- 1			I	I	-1	- 1		I	I	I	Ι	1	-1	١		ı	I	1		[
clinics		- 1	-1	-	ı	I	١		l	I	- [- 1	- 1	- 1	- 1		I	l	\mathbf{A}	١		I	I	1		I	
		- 1	-1	-	ı	I	١		l	I	- 1		l	I	ı	1	1	1	- 1	١		l	I	1		l	
		ı	ı	ı	ı	ı		l	I	I	- 1	- 1		I	I	I	I		Ι	I		ı	I	1			-
	1	- 1	I	ı	I	I	I		I	I	I	ı		I	I	I	I	I	I	I		ı	I	I		I	-
15 Training O Etrainers		I	ı	1	I	I			I	I	ı	I		l	I	I	I	I	ı	ı		l	I	I	PolioPlu	A	-
I to propagate and sustain	ı	-	. 1	1>	< [:	хİ	хİ	X	x	lх	ı	_	l	ı	1	1	1	1	- 1	١		l	I	1	FMOH		-
training at all levels	!				- !	. !			l			١			!	!	1	1	1			l	!	1	NCCCD	l	I
0 Ethe programme.		!	!	!	1	!			!	!	!	l			!	1	!	!	!	!			!	1	UNICEF	l	
		!	!		- 1	!			!	!	!	l		l	!	1	1	!		!		 -		1			!
	I	ı	1	1	١	١			ı	I	ı	ı			ı	I	I	1	١	١		l	I	I	I		I

ı	1770 }														17	70				1				
ACTIVITIES	I I I	M	 J	J	 A 	I IS	10	 N	I ID I		J	 F 	M	 A	M I	4	, J ₀ A	Ais	а 2, с		I IID I	IRESP		 EXPECTED OUTCOME
ll 1 Supp ∞n ωl LIDs 	 	_ 	ł 	! !	_ 	 	 + 	- + 	 + 	_ _ 		 	 - +	— 	+ [- 	_ 	-: - : :	-1- 1 1	-' -	_' _	·	 Govt/NGO	Y	
<pre></pre>	+ 	[+ 	 	+ 	+ 	+ 	+ 	 	1	1	 -	f 	 		į į	 			1		 	 Govt /PP 	I I N I	 -
 ≥ Distri te national policy ≚tandard of pract- ioe	 	 		! ! ! !	1 1 1 1	1 1 1	 + 	+	 + - -	1 1 +	i - 1	 + 		 		 			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			 	Y Y 	
 4 Review transport system for EPI] + - -	 + 	 + 	! ! !	 	 	 	1 1 1 1	i ! !	1		! ! !]	 - 	1 1 1	1	1		1 1		. 5 PPC	Y Y 	
 5 Forms, <u>rards</u> , register <u>o</u> 	! ! !	1 	 	1 1 1 1 1 1	 	 	 + 	 + 	 + 	 	- ,	 + 	! +	}	1	! ! !		1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1		.Govt/NGO	Y	-
<pre> </pre>	! + + 	 + +	 + + +	 	 	 + 	1 1 1 1 1		 	 +	 	i 	 		+ + 1	1 1 1		1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	Poli o		
 	† 	 - + -		! ! !	 + 	 	 	 + 	 	 	 - - - -	 		! 	! ! !	 	+.		. +	 - - -		.Plos .Govt/NG o	 	

cold store further 10 Kano co stores rehabi	 + 	 + 	• 		 	- - - - - - - - - -		! 	 			· ,			 					i		ot/NGO ot/NGO	1 '	; ; 1 ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
 11 Cold chain training an staff recruitment 	 +	 +	ļ		 			1 1 1		1	1	1 1	1 1 1	 	 		 	1	1 1	 	Gov	/ま/NGO	 Y	! ! ! ! ! !
12 Supply cold chain to places of shortages 	 + 	 +	,	! 	1	 	1 1		 	1	1	 	 	 	} 		 	 	 	ı		t/NGO	ĺ	
		+ 	+	+ 		1	1	 	1 1	! ! !	1		1 1 1	 	! ! ! ! ! !		 	1	 	i i		v∳/NGO	 	
14 Training of health workers on polio eradication stratediss 		+ 		+ 	1	+ -	+ +	1	1	+	+	+		+] 	+	1	1	+	! ! !	God	o≢.GO	Y 	
 15 Modify DSN002 form to accommodate AFP reporzing	 + 		+	+	+	+ -	 + + 	[[+ [+ 	 + 	 + + 	 - + 	 	! + . 		+ i + i l	+ + 	 +	 + 	 	Gov	't	! Y !	I I I I I I
 16 Establish diagnostic laboratories 	1 1	 + 	 + 	+		1	 	 	 	1			 	! 	! ! ! ! ! !			1	1	1		t GO	 º 	
17 Funding for laboratories	 	! 	 	 	+	1	+ 	 	 	 		- 	+ 	 	+ 		1	1	1	+ 0 	Pov	t GO	Y 	
						 - -	 -			 -	 -	 -	 -	 			 - -	 	 - -	 	Hu	Ħ		

AREA: PROGRAMME MANAGEMENT	1995													1	99	6			ı					
ACTIVITIES	A	M	 -	-	 - -	A 15	3 C	 N 	ID I	- <u>'</u> 	 F	IM I	 A 	 M 	1 4	I IJ I	IA I	IS I	10	 N 	I ID I	IRESP		EXPECTED OUTCOME
1. Discussions between PolioPlus Nigeria and Rotary International Headquarters Officers to regudate financial draw- downs from the grants		+ — 1 + 1 1 1 1 1 1 1 1		- ' 	-	_ •	-	-		 		<u>-</u>		'- - - - - - -		<u>-</u>	·					Chairman	Z Q	
2. PolioPlus should increase coordination withrEPI at lall levels. Programm Assistants should mak the greatest use fres urces availaboe to the through UNICEF and other EPI entiles	 + 	1	+	; - + 		! - - - - - - - -	 - + 	! 	 + - - - - -	 	1	 	 	 + 	•	 + - - -	 	 + - - - - -	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	r 	1		N	'
3. Programme management should ensure that the Rotary Clubs adopt the optional number of LGAs that they can manage, as measured by their ability to recruit, train and deploy CBVs & Rotary Medical Doctors & provided needed logistical support for the LGA authorities and government health facilities	† 	· · · · · · · · · · · · · · · · · · ·	. + 	·			+ +	+ +		• # #	- + +		· +	• +		+		. +	. +	. +	l	ICPPC . ISPPC . ICPPC	Z	
!	 		-	-	-	-	1	}		; {	}	}					ļ							\

sensitized and trained to function effectively 15. PolioPlus should continue! IChairmanl N IZPPCs I its active representation! and involvement in ISPPCs national and International ICPPCs agencies such as the |Executive Inter-Agency Coordinating ICm t Committee, the Inter-! Agency Technical Committee! NANGOH etc. 1ZPPCs 16. State and LGA PolioPlus ISPPCs Representatives at meet-I CPPCs ings to organize joint health ventures should increase. 17. PolioPlus management in INationall Inter-Agency Coordinating | Chairman | I the development and adoption OF a Memorandum ! |Collabo-| Of Agreement on co-manage! Irating | Y ement dnd co-maintenance | Agencies | ns cold rooms throughout i the country. 18.. Assess office equipment, |National| supplies and training | Chairman | needs and update as |Polioneeded. |Plus ISec.

	I		1	199	9 5					I					Е	99	6									
ACTIVITIES	 	 	 M]] 	 J ,	 	 	 0 1 	 	 	J	 	 	 	I A P	 	 	 	 	 	 	 N 	D	 RESP	 COST 	 EXPECTED OUTCOME
A. ADVOCACY OF POLICY MAKERS AND OPINION LEADERS AT ALL LEVELS.	: — 	-; - • 	-'	' + 	-' - +	-' + · 	-' + · 	-' <u></u> + + 	·; -		+	' + 	' + 	' — + 	' + 	' + 	+ + 	- + 	; + 	·	-¦ 	-		National Cmt SPPC ZPPC		 Get comm itment
 Visit policy makers and opinion leaders with the aim of: creating awareness 	 		 				 	 		 	 	 	 	 	 	 	 - - - -	 	 			 			 	
 identifying barriers and solving these. 	 	 	 	 	 	 	 	 	 	 	 	 	 	 	 	 	 	 	 	 - -	 	 		 - 	 	
 Report 0ε visit to leaders 	+ 	+ 	+ 	+ 	+ 	+ -	+ 	+ 	+ 	+	۰ ۰ 	+ [+ 	+ 	+ 	+ 	+ 	+ 	+ 	+	+	+ 	 	 	 	 -
B. TRAINING/ORIENTATION	- 	- - -	i - I - I	- -	- -	 -	 	 -	 	· ;	- '	[- - -	- -	- -	- -	 -	 - -	 	1 1	; [
1. Integrate Rotarians and Rotary familyinto ownership of programme	 	 	 	+ 	} 	 	 	 	 			 	 	 	 	 	+ 	 	 	 	 	 		ZPPC CPPC SPPC	l N	Ensure awarenes or part- icipatio
- PolioPlus to besubject 08 District pLdn 08 action.	 		+ -	· 					 			 	 		 - -	 		 	 		 - -	 - -]	DG	N 	of all Rotarian
- Adoption Oε PolioPlus as district/club project.	 	 	 	 + 	 	 	 	 	 	 		 	 	 	 	 	 + 	 	 	 	 	 		I ∧⊥⊥ Zones DG	N 	
Form d Club PolioPlus Comittee Comittee Committees as nucleus Committees as nucleus Committees as nucleus Committees as nucleus Committees as nucleus Committees as nucleus Committees as nucleus Committees as nucleus Committees as nucleus Committees as nucleus Committees as nucleus Committees as nucleus Committees as nucleus Committees as nucleus Committees as nucleus Committees as nucleus Committees as nucleus Committees as nucleus Committees Committees as nucleus Committees as nucleus Committees Committees as nucleus Committees Committees as nucleus Committees Committees as nucleus Committees Commi	 	 	 	 + -	 - -	 	 	 	 	 		 	 	 	 	 	 + 	 	 	 	 	 		Clubs	IN I 	

	of geIting volunIeers			•	•			1								•						:
1 { !		 	 	1	! !	! !	 	 	1	 	 	 	: 1	 	 	 		 	 	1	Ivolunteer I	s !
- 	Identify and strongthen community development committees as nucleus of gsttimg volunteers			! ! !	+	1 1 1	 	1 1		1 1 1 1 1 1 1	 		 			-	1 1 1	ĺ	Local Rotory Cluos 	 	 	
l I	Community-Based volunteers	 		+	 	+] ;] + []	+ 	1	 	1	1	l	1	 	Ī	Local Rotary Club	У 	Same as above 	1 1
-	Me⊚ical Do⊂tors	 		+	i I	+ 	1	 	+ 	+ 	+ 	 	l I	1 :	1 	l l	! !]]	 	 	1
i -	Health Officers	1		+	1	+ 		 	+ 	+ 	+ 	 	 	 		1 1	1	 	! 	 	 	
Log	istics	į			į	į			i	į	į		į	; ;		ì	į	į		' -	1	-
l ac	ingles, media/TV radio dvertissments,posters, essages, tradit onal eans of communidation	 + 	1+1	+	! ! !	1	 	 	1	 - - -	 + 		 			+ -	 	 + 	 Nationa <u> </u> Cmt/CluO, 	 ပု	Raise awareness 	
	ublication of PolioPlus ulletin	 -		+	; ; ;	 		 + 	 	! !	 		1 1			+	1 1 1	+	 National Cmt	' Y	1 1 1	1 1 2
(1	ublicity aterials T-Shi ^r ts, [©] stickers,ping apronE Etg)			 	1	1		 	 	1 1 1	1 1 1		1 1 1 1 .		 	 	1	! !	National Cmt/Club 		 	
Y	omtinue EPI Baby of the sar Award competition nd initiate others.	 	 			 	 + 	1 	! 			 	1	 				 	 National. Cmt/Club		1	

at meetings		CPPC
··· · · · · · · · · · · · · · · · · ·		
- Involve collaborating		IZPPC
agencies		ISPPC
		T/T Cmt
3. Organize training		
		T/T Cmt ∀
-for CPPC		T/T Cmt
		i I I
-for CBVs		National ∀
		Committee
-for PVOs/NGOs		
		National \forall
I		Cmt/Club
↓ ε , CARRY OUT IMMUNIZATION		
1 1.Advocate for more	+ + + + + +	ZPPC Increase
immunization centres		ISPPC in
both private and public!		ICPPC
l		land EOA-
2. Train Rotarians and		T/T Cmt V erage
Non-Rotarian Doctors		IZPPC
1		ISPPC
1		
3. Monitor immunization		ISPPC I A
activities		IZPPC
I		National
1		ICmt
1		1 1
D. SURVEILLANCE		T/T Cmt Increased
1		pppM
1		
1.Training 0 g volunteers		ICPPC
and 6 P I staff for		
Surveillance		
i I		T I I

!	•	!																					ŧī	 P=	
1		į	ı	1	1		1	I	ı	1	ı	ŀ	ı	ı	1	ı	ı	i	ī	ı	ı	ı	ŀ	reporting	I Ţ
1		i	1	1	1		1	- 1	1	!	1	ļ	1	1	1	Į	1	ı	-	1	1	- 1	1	1	1 -
1		1	1	1		. [Į	ı	i	ł	1	1	1	1	Į		-	-	I	1	1	1	1	1 -
T		!	_1_	_ ' _		_	_ '	_!_	_1_	_1_	_1	_ 1_	_ _	_	_ I _	_	_1_	_ 1 _	_	_1_	_ _	_	_1	_1	1 -

CHRONOGRAM FOR IMPLEMENTATION OF RECOMMENDED ACTIVITIES POLIOPLUS NIGERIA 1995/96 AREA: VOLUNTEER: TRAINING AND PARTICIPATION

AREA: VOLUNTEER: TRAINING AND	PARTICIPATION 1995 1996	I
ACTIVITIES	- -	
II. Mobilize ənd Sensitize Rotarians AS, all levels to accept PolioPlus as d club project		INATCOM I N I IZPPC I I I I I I I I I I I I I I I I I I
2. Mobilize recruit, train and sustain more community-based volunteers to support EPI	• • • • • • • • • • • • • • • • • • • •	
13. Community-based volunteers should be used to mobilise their respective communities		ICPPC I NI
<pre>14. Reimburse travel expenses 1 00 community-based 1 volunteers during 1 training and 1 participation</pre>		
 5. Rotary Clubs/members to provide transport for community-based volunteers for EPI activities		

should be mobilised to puttheir vehicles at the disposal Of the programme 17. Community-based		
volunteers should be trained within 90 days		INGOs I V I ISPPC I I ICPPC I I INATCOM I V I
8. Provision 0 & working tools & Or community-based volunteers		IZPPC
9. Develop contents 08 training and training modules for community- based volunteers/Health official with emphasis on surveillance		
10 Training and re-training of M		INATCOM IV I IZPPC ISPPC
11 Provision 0g PolioPlus items e.g. aprons, T-shirts to community- based volunteers		

•																,	,						
	į	4 -	1 8				1	!		!	!	!	!	1	!	!	!	!		!	1	- !	
12 Recognition of	i	('	1,	'	1	'	ŀ	ı		I	I	ı	1	!	!	ı	1	!	!	!	1		
outstanding volunteers	ł	1 -	1.	- 1	•	•	ļ	l	X	ΙX	١x	lх	lх	ΙX	K	KI	() >	: l x	IХ	IX	PolioPl	ul	Y
and implementers at all	i	1 .	1.	- 1	- 1	•	i	ŀ		1	i	1	ı	ı	1	İ	ł	ı	1	ı	ISPPC	ļ	J
levels	1	1 -	1 0		- 1		1	- 1		1	ļ	1	1	1	ł	1	1	ł	1	ı	1	i	i
1	1	1 .	1.	- 1		1	ł	ı		i	ı	1	1	1	1	1	1	1	1	1	I	1	1
1	i	1 -	Ι.			Ì	į	ĺ		i	i	1	l	1	1	1	1	1	i	i	1	1	1
'13 Advocacy visits	1	i .	l×,			×I×	×I×	∢ i		1	ı	1	1	ı	1	ì	1	1	ı	1	INATCOM	ı	Y 1
10 114 100 40 1 1 1 1 1 1	i	i	1 .				ĺ	1		ĺ	ì	1	ı	1	ı	1	١	1	1	1	IZPPC	i	ı
1	ì	i.	i.			i	i	i		i	i	i	ı	1	1	1	1	1	1	1	ISPPC	1	1
I	i	1 .	i.		Ċ	i	i	į		i	i	j	ì	İ	Ì	İ	i	i	i	i	ICPPC	1	i
ı	i	1 .	i i			i	i	i		i	i	i	i	i	i	i	i	i	i	i	1	i	i
ı	1	1.	; ;	' '	ا	i	,	i		i	i	i	i	i	i	j	i	i	i	i	i	i	
14/ 7	¦ .		1 1	 			-	; 1		;	,	1	i	i	i	i	i	i	i	;	PolioPl	, . i	v i
14 In ore wse activities of	i i	ì '	1 1		1	1	-	'		ı İx	1	í Isr	 	l Lu	i Lea	i Flad	, , 3	. I . I v	ı İv	İx	1.011011	٠,	
community-based	!	! '		i	1	1	ı.	. !	х	. I X	IX	IX	IX.	IX	. 1 24	1	. .			1.	1	- 1	
, volunt∉erE at Rotarian	1	'		!	ł	ŀ	ì	1			1	!	!	!	1		ı	!	!	!	1	- !	!
, clinios	1	1 '	li	[[1	ŀ	[1		1	1	!	ļ	!	1	1	!	ļ	!	!	!	!	!
ı	1	-		l	ı	ı	l	ţ		i	l	ı	1	1	İ	1	1	ł	1	1	1		ĺ
Ε	1	- -	1 1		1	ı	Î	Į		I	ļ	ł	İ	1	1	1	l	ı	ı	ı	1	ı	ı
1	1	1 -	1 1	1	١	ı	ł	ļ		1	ı	1	ł	ı	ì	-	1	į	l	1	1	ı	ı
≤15 Training of traingrs	1	1 -	1 1		1	1	į	1		ļ	l	1	1	ŀ	1	1	1	ı	İ	I	PolioPl	u i	ΥI
to propagate and sustain	ł	1 .	1×1	$\times 1$	×I	×1	×I×	<		1	1	l	ļ	1	ł	1	1	1	i	Ì	FMOH	ı	!
training at all lavels	1	1 .	1 1		l	- 1	1	1		1	1		1	I	1	1	1	1	1	ı	INCCCD	- 1	1
of the programms.	ı	1 .	1 1		١	- 1	1	١		i	ŧ	1	1	1	ļ	1	1	1	1	1	UNICEF	1	1
1	1	1 .	1 1		ı	- 1	1	- 1		1	ı	1	1	1	ı	1	1	i	ſ	1	1	1	I
•	i	i.	ĺ	Ì	i	i	į	ĺ		ł	i	1	1	ı	ı	1	1	ı	1	l		1	i
	•	•		•	•	•	•																

GROUP INTERVIEW AT THE FEDERAL EPIDEMIOLOGIC UNIT WITH LABORATORY FOR YELLOW FEVER VACCINE PRODUCTION MEETING WITH DR A NASIDI

The group had a dialogue with the Chief Executive of the Epidemiologic Division of the Federal Ministry of Health. The Division embraces seven units including EPI, National Cold Chain and five others (see Annex I - Organogram)

With Dr Nasidi, the group undertook a tour of the facilities in place and those being put in place at the National Laboratory for the Production of Yellow Fever Vaccines, Yaba. He informed that for now, the laboratory is capable of producing one million doses/year and that on the completion of the new laboratory would double the production output to two million doses. He also informed that Nigeria would in the very near future engage in the bulk purchase of oral polio vaccines for rebottling.

- 1. The national policy with which to achieve polic eradication includes update on the standards of practice, training, disease surveillance and control and community mobilization aspects. The policy provides guidelines on many key issues for the benefit of leaders, planners, implementers and receipients of health care.
- 2. The national action plan covered a period of five years that spanned to 1995 and is still implementing the components which are efforts geared towards the achievement of polio eradication. Action plan components include immunization, surveillance, training, cold chain, information system etc. There is advocacy for Local Immunization Days (LIDs) which should be twice (2 days) in a year as a supplementary exercise to support the routine immunization and advocacy for improved (high) immunization coverage and surveillance for disease outbreak.
- 3. A couple of pertinent documents were made available to the group. (Annexes II, III, IV etc).
- 4. He observed that PolioPluS should not miss the opportunity to cover high levels by going polio single antigen. He therefore advised that PolioPlus should engage in multiple antigen campaign including polio. He advised PolioPlus to provide some incentives for LGA Health workers who would give other EPI antigens as this would even result in higher overall immunization coverage. He however expressed a negative impression that going on single PolioPlus antigen may destroy EPI.
- 5. The action plan as already developed quite accommodates the use of Rotarian and non-Rotarian private clinics as centres for free polio immunization in addition to the establishment of effective disease surveillance centres. He discourages the establishment of a parallel cold chain system to that of the national cold stores being proposed by PolioPlus. Rather, suggests the co-management of the existing national stores at Oshodi and Kano respectively. By this, PolioPlus staff could be attached to the national cold

- 6. The coverage of immunization informed with OPVs was about 44% in 1994 based on imcomplete data. It was expressed that when data are completely obtained uptill December the coverage could be about 60% (see annex II). It was however observed that ever since 1990 to 1993, there was a decline in overall coverage levels.
- 7. Polio cases reported in 1994 was put at 235, but this rather confirmed the gradual decline in polio cases as compared with the previous years (See Annex III). He is of the view that PolioPlus should get concerned and involved in municipal immunization where many more contacts could and would be made. Such efforts if made in places like Lagos, Kano, Enugu, Kaduna, Ibadan, Benin, Port-Harcourt, Owerri, Calabar, etc would yield high immunization coverage level for Nigeria.
- 8. The constraints given among others are:
- i Lacking political will
- ii Abuse of EPI vehicles and equipment
- iii Inadequate funding for projects
- iv Poor disease surveillance
- v Inefficient planning and supervision of immunization exercises
- 9. It has however been suggested therefore that PolioPlus should be willing to attend collaboratory meetings with other EPI supporting agencies viz (the Ministry, NPHCDA, PolioPlus) to discuss the causes of high polio cases and profer solution that could control the high incidence. Such meetings could be co-sponsored by the participating Agencies from where to develop the National Plan of Action, State Plan of Action, LGA Plan of Action, and municipality Plan of Action. That the municipality plan of action should be developed in collaboration with PolioPlus.
- 10. The following suggestions therefore emerged:
- (i) There is a request that PolioPlus should work very closely with the vaccine lab'oratory.
- (ii) PolioPlus should not establish a parallel cold chain to that of the national cold store.
- (iii) Rather, PolioPlus should be upcoming in assisting the national cold store.
- (iv) PolioPlus could co-manage the national cold store by keeping its staff at Oshodi and Kano to look after the interest and monitor vaccine supplies to the private sectors
- (v) PolioPlus should work with the LGAs in the municipality to implement Local Immunization Days (LIDs).

By: Mr Fernando Laender Mrs V 0 Akinrolabu Rtn A 0 B Ajewole

```
HON.
                                     MINISTER
                              OF HEALTH AND
                                                I
                             SOCIAL SERVICES
                                 DIRECTOR
                                  GENERAL
                               DEPARTMENTS
                                      ΙI
                                                ΙI
                                                        П
                             |  | PHC
                                     I i
        ΙI
                                                        П
                             II
                                   & | |
                                                               ΙI
        ΙI
                   I I
                                                        ΙΙ
                             I I DCI
        I = I
                                                        \mathbf{I}
        ΙI
                             II ____
                                                        \mathbf{H}_{\perp}
                                  EPID.
                                 DIVISION
            IFAMILY |
                          |ADM.| INATIONAL
                                             1 IEPIDE-
IE.P.1
            IPLANNINGI
                             | ICOLDCHAINI | MIC
                                II CONTROL
                                              I IPREPARE-I |
                                1 1
                                              IINESS
```

MID-TERM EVALUATION FOR POLIOPLUS NIGERIA

REPORT ON THE VISIT OF TEAM A TO THE NATIONAL PRIMARY HEALTH CARE DEVELOPMENT AGENCY (NPHCDA)

Official interviewed: Executive Director of PHC

- Dr Shorungbe

Date: 7th March 1995

TEAM MEMBERS

Rtn Donald Fasnaya - PolioPlus Nigeria
 Mrs Fayo Williams - NANGOH Representative(PSN)
 Fernando Verani - PolioPlus Regional Adviser

BACKGROUND

Using the attached list of questions as a guide, the team members sought the Executive Director's opinion on several issues related to the Polio Eradication Initiative and the EPI in general.

FINDINGS

The Executive Director stated that the policy of government is to eradicate polio. This encouraged the liaison with PolioPlus and in order to streamline things, the government adopted the Rotary International (RI) target of eradication by the year 2000, achievement of mid-decade goals etc.

Polio was already one of the antigens in EPI and so it was easy for PolioPlus to be assimilated under EPI.

your organisation Team asked 'How does see suitability of National Immunization Days (NIDs) and what are the constraints to them since this is the most important way of boosting polio immunization?

He responded by saying that the experience of the National Immunization Days (NIDs) is that, they are very elaborate, time consuming and distracting, and afterwards, there is a and actually a decline in immunization activities lull leading to complacency.

The focus is now on Local Immunization Days amongs LGAs who have their own structures, staff etc., just the same infrastructure being used for Vitamin A distribution as well as some other projects.

They are now given a time frame from March to the end of April and therefore immunization within this period takes a National dimension.

About 60% - 70% of LGAs have been involved, especially states in the North/West and North/East; others who have performed well include Oshun and Oyo.

RPI Baby-of-the-year in 1994 was from Ede (Oyo State) while EPI Baby-of-the-year in 1995 was from Ikirun (Osun State) When asked whether the Federal Government provides vaccines - he replied that 'Yes, always.'.

Distribution - instrument used consists of list of antigens, immunization record, requirements for next month.

Arrangements are on with CHAN for the use of their stores in Owerri and Makurdi for CHAN members as sub-regional cold stores.

Decree setting up NPHCDA States that function of Agency is to help LGAs fulfil their health needs. National health policy also indicates that States should be Technical Advisers.

DOCUMENTS AVAILABLE INCLUDE:

- (a) National Health Policy
- (b) National Plan of Action for Polio Eradication
- (c) 5 years plan for EPI coverage

Reported Polio cases for 1994 - will provide with other diseases

- not really available.

With respect to reporting, there is a positive agreement between the Agency and Private hospitals.

Many Rotarians are proprietors of Private hospitals and it is important for Rotary International to spread the message of surveillance. Rotarians Professor Oyediran, University of Ibadan (UI) developed an instrument for surveillance.

The team then informed the Director that the main thrust of Rotary International is now surveillance.

The States are supposed to distribute Surveillance Forms to LGAs/facilities.

Constraints to Surveillacne - Efforts are duplicated

 The will to get the job done/ realising the importance

- Awareness and understanding

Most of the LGAs are now being run by seasoned administrators and are performing the tenents of Primary Health Care including:

- Sanitation
- Water
- health etc.

RELATIONSHIPS: Being both members of NANGOH, the Agency has a smooth relationship with PolioPlus. this is demonstrated through frequent personal contact.

QUESTION: Whether sentinel poste are available

<u>DIRECTORS ANSWER:</u> Idea mooted since 1981, some were set up after identification of facilities which report better or had enough cases to merit establishment of same.

The Agency has a Monitoring and Evaluation Division.

THE REPORTING FLOW: Facility - LGA - State - Zonal Officers to do something - PHCDA - to have national idea.

This is the summary of reporting throughout Nigeria.

GOVERNMENT OF NGIERIA AGENCIES/DEPARTMENTS

- What is the National policy to achieve polio eradication?
- 2. Is there a National Plan of Action?
- 3. Can you make available to the team pertinent document?
- 4. How does hyour agency/department fit into the polio eradication effort?
- 5. How do you relate to PolioPlus in polio eradiction?
- 6. What was the national immunization coverage in the year (1994)?
- 7. How many polio cases were reported last year? How does this figure compare to the previous year(s).
- a. What would you consider major cosntraints for achieving polio eradication
- 9. How could PolioPlus improve its involvement/interaction with your Agency/Department in this effort?

. . . .

10 Have you any questions for the team?

THANK YOU FOR YOUR TIME.

VISIT TO USAID/NCCCD

Dr Barbara Maciak (NCCCD) Program Officer

Dr Felix Awatang (USAID)

Dr S Ojikutu

NCCCD/USAID

FUNCTIONS:

- One of the USAID health projects.

COLLABORATION:

- Initially geared towards supporting health activities (child survival profects) in the public sector.
- But now wholly supports the private sector.-.
- Has been collaborating with other agencies including PolioPlus, WHO, UNICEF, NGOs in non-profit and for profit sectors in Nigeria and CHAN
- Focus on 9 States for support; 1-2 LGAS in each State.
- EPI continuing education
 - developing work plans
 - IEC materials provision
- working with a network of free standing facilities to support and develop outreach for immunization services in the private sector.
- Provision of technical support in areas of training, disease surveillance, antigen reporting, health information systems, strengthen systems and other technical areas to ensure quality of services provided.
- Provision of logistic support and cold chain equipment supplies.

CONSTRAINTS:

- Availability of the other 5 antigens
- Facilities at the cold stores
- Potential problem of vaccine purchase
- Problem of vaccine distribution
- Discrepancies in coverage figure-s
- Leakage of vaccines associated with poor supplies of vaccines on the field.

RECOMMENDATIONS:

Sustained political will and commitment on government's part for the EPI programme - consistent budgetary allocation for vaccine procurement, cold store maintenance and vaccine distribution.

COMMITMENT:

- Still committed to PolioPlus training
 - cold chain support
 - HIS support
 - disease surveillance
- Willingness to continue to work with PolioPlus through Rotarian doctors and free immunization centres adopted by Rotary clubs.

ERADICATION:

Unless the other antigens are available and there are accelerated and continuous EPI activities to achieve and sustain 80% coverage, eradication might be impossible by 2000AD.

They are however ready to support

- LIDs
- training lregions

Report by: Rtn J Hassan Dr F Oyewole Ms M Rock

REPORT OF VISIT TO UNICEF ON TUESDAY, MARCH 7TH 1995

PARTICIPANTS:

Rtn Henry Ejumudo - PolioPlus Nigeria

Dr 0 G Olupona - NANGOH Representative (World Vision)
PDG Tom Ewen - External Evaluator (Rotary Volunteer)

UNICEF REPRESENTATIVE

Dr Ibanga J Inyang - Project Officer (PHC)

A paper outlining the history of the UNICEF-Rotary PolioPlus relationship is attached. Particular reference is made to the National Immunization Days (NIDs) programme in March, April and May of 1988 and attributes its success to the efforts of Rotary's PolioPlus organization.

In replying to a query regarding UNICEF's current thinking about the PolioPlus initiative, Dr Inyang stated that Rotary's ability to collaborate with its NANGOH partners contributes immensely to the programme's success. Furthermore, they have the ability to take the initiative to expand and improve the programme.

There was some discussion regarding the combining of the polio initiative with the EPI programme. For example, a lay person can administer the oral polio vaccine while a medical person must administer the other EPI vaccines. It would be an easy matter to forge ahead with the polio initiative and attain 100% coverage by 2000; however, to do so at the expense of a decline in the EPI initiative would not be appropriate.

Dr Inyang commented on the sustainability of the polio initiative and the need to follow-up on a continuing basis. It was acknowledged that sustainability is something that is sought and expected of projects by the funding agencies.

As to Rotary's dream for polio eradication by the year 2000, Dr Inyang stated that the biggestf'advantage to success lies with oral polio vaccine and the ease with which it can be administered.

Considerable discussion took place regarding UNICEF's five year plan. It was noted that 1995 ends the current cycle and it is probable that the 1996-2000 plan will include a review of past initiatives, support for current projects, initiatives on maternal and child care and a strengthening of the PHC infrastructure. Of particular significance will be provision of support for PHC at the community level. Such an initiative would include educational training for community volunteers. It is in this field that Rotary, through NANGOH, can continue its efforts in community health while continuing to sustain its Polio/EPI efforts.

Dr Inyang also felt that PolioPlus may wish to train the community-based volunteers to be able to handle several activities including the delivery of polio vaccines. Rotary clubs may also wish to take on soecific areas in PHC such as

training of workers, capacity building and sio on. He expressed fear as to whether PolioPlus would succeed in carrying government along with a single antigen.

VISIT TO WORLD HEALTH ORGANIZATION OFFICE ON TUESDAY 7TH MARCH 1995

Dr P Y Odunsi - UNICEF

PDG F Z Gana - PolioPlus Nigeria

Gaston Kaba - PolioPlus Niger, External Evaluator

The team discussed with Dr Aldis the relationship of WHO programme with PolioPlus Nigeria. The following questions and answers were provided.

QUESTION 1 - What is the background and the role of WHO in relation to the Rotary programme in Nigeria, especially the PolioPlus programme ?

ANSWERS - Dr Aldis regretted the absence of Dr Ayele, his epidemiologist. He informed the team of the following:

- WHO benefits from the services of a full time epidemiologist, Dr Nasidi, working with the Primary Health Care.
- WHO concentrates its efforts on disease surveillance and notification (DSN).
- WHO provides technical assistance whenever there is an outbreak of a disease.
- WHO improves disease surveillance and notification which is extremely is useful to PolioPlus/WHO.
- Provides DSNs (for outbreaks) and DSNs (monthly reports to end users
- WHO published an <u>Annual Abstracts of Statistics</u>
- PolioPlus relies a great deal on Dr Nasidi's statistics to improve DSN`statistics.

Dr Aldis advised to contact the following for further information:

- Dr Nasidi
- CCCD/USAID involved in notification process and the development of the private sector and immunization drive
- QUESTION 2 What kind of support does WHO provide to the Nigeria government in relation to polio eradication ?

ANSWER - Supply in small scale vaccines (not sure), professional and technical assistance on full-time basis, work closely with the government to improve operational level activities, liaise between government and WHO in several areas.

RESOURCE PERSON: Dr Ayele, Epidemiologist

QUESTION 3 - What type of collaborative relationship exists between WHO, the partners and Agencies involved in Polio eradication ?

ANSWER - The Federal Ministry of Health is in close contact with all donors and EPI disease specialists, namely WHO, UNICEF and USAID/CCCD - No direct relationship with PVOs/NGOs.

QUESTION 4 - What is the linkage between EPI and Polio eradication activities ?

ANSWER - No direct linkage.

QUESTION 5 - What does WHO expect of Rotary International in relation to the EPI Programme ?

ANSWERS - WHO expects a great deal from Rotary
International considering the tremendous
success registered all over the world in their
efforts to eradicate polio.

- To eradicate polio in Nigeria, Rotary International commitment in the mobilization of financial resources is essential.
- Rotary can play a crucial role in their continued efforts in eradication, social mobilization, access to NGOs/PVOs, to communities.
- Rotary has the capacity to reach the public.
- QUESTION 6 Evaluation wise, what is the contribution of WHO to the EPI programme ?
- ANSWER Hard to answer to the question as WHO has its own monitoring and evaluation procedures.
- QUESTION 7 What will be your contribution for the celebration of WHO for World Health Day, April 7 1995 ?
- ANSWER Currently, the Ministry of Health is holding meetings. WHO's participation will depend on the outcome of these meetings. WHO's financial support will be limited but will involve a public awareness component (T-Shirts, brochures) rather.
- QUESTION 8 What kind of media coverage is expected to celebrate that day? Air time and newspaper coverage ?

ANSWER - No details were given by Dr Aldis.

QUESTION 9 - What is your next line of action after the celebration of that day given the 5 years time frame before 2000 AD ?

ANSWER

- The issue was addressed in the annual report submitted by Dr Ayele.
- According to government statistics, coverage has declined compared to 1993.
- The OPV coverage for 1994 has dropped to 24%.
- Dr Aldis recommended the intensification of SIDs and LIDs with the single antigen vaccine, apart from the routine vaccination activities. Massive immunization days through mass publicity.

Dr Ayele could answer this question better.

QUESTION 10 - How do you deal with advocacy vis-a-vis the government?

ANSWER

- Done at the highest level of the leadership, not necessarily at the level if the Head of State.
- At the level of the Ministry of Health with all the parties involved in child survival, immunization, nutrition etc
- At the level of the public and at State/LGA levels
- Messages to get accross the public can be coordinated with the Rotary and face to face contact with Dr Ayele.

REPORT OF MEETING WITH THE NIGERIAN ASSOCIATION OF NON-GOVERNMENTAL ORGANIZATIONS ON HEALTH (NANGOH) MARCH 7TH 1995

A PolioPlus Mid-Term Evaluation delegation comprising Dr 0 A . Babaniyi, Alhaji Mustafa Dungus and E Ofori Affyea I met with NANGOH officials Harry Payne, President; Mrs Grace Omotosho, Chairman NANGOH Administrative Committee; Mr Ifeanyi Atueyi, Editor of the NANGOH Newsletter and Mrs V Y Dada Executive Secretary at NANGOH headquarters.

President Payne briefed the delegation on the structure and organization of NANGOH. The organization was organized in 1988 to bring together NGOs and PVOs that are health related. It had emerged from a health advisory group to the government. There are now 22 support organizations in NANGOH. The main supporters are PolioPlus and World Vision.

Membership fees, UNICEF and USAID also contribute in a significant way in supporting NANGOH. PolioPlus has been instrumental in re-organizing and revitalising NANGOH.

At present, member organizations programmes are marketing tools for membership in NANGOH. It is also an information center for all organizations. An IEC system is being developed. The Newsletter has members together. The 1000 or 50 copies published is helping not only make NANGOH known and better appreciated but also is attracting membership to the organization.

We went through the questionnaire rather quickly. The main discussion centered on ways of strengthening the organization so it can survive and serve better its membership. Observations made related to the following points.

NANGOH is to make itself indespensable to the membership. If it does not it will be sidelined and when the present support from PolioPlus ends there could be serious difficulties for the organization.

For all the goodwill of the executive there has to be some tangible reason why the members should continue to pay for membership.

A way out is for NANGOH to turn itself into a technical support organization for its membership, it should look at the membership organizations and organise seminars and training sessions to strengthen their programme delivery capabilities. For example, NANGOH could organize courses in book keeping, project administration and for their members. That way it will be a technical resource for its members.

NANGOH is also to reposition itself and become the real service agency of its membership. There are services that have been left undone which NANGOH could take up by way of backstopping the membership. For example, it could act as a clearing house of information on various aspects of health that members could use.

Above all NANGOH could play a key advocacy role for its members. Providing the members with a platform to be heard and from which they can take stands on issues. They will be conversant with the intricacies of dealing with the National authorities and be the interpreters of the National will to foreign agencies. All these are to be done without infriging on the 'sovereign' rights of the member organizations.

In all it was a most cordial and friendly meeting which ended shortly before noon.

PREPARED BY: E Ofori Akyea

VOLUNTEERS: TRAINING AND PARTICIPATION

POSITIVE ASPECTS:

Existing volunteers have been trained and participate in the programme.

CONSTRAINTS

Increase in community-based volunteers has been hampered by difficulties in accessibility.

RECOMMENDATIONS

Rotary Clubs should realistically adopt LGAs in order to expand community participation.

SOCIAL MOBILIZATION

POSITIVE ASPECTS:

The desirability of raising public awareness exists. Communication materials have been developed and distributed.

CONSTRAINTS

No constraints have been observed.

RECOMMENDATION

PolioPlus should continuously promote awareness of the public as well as increasing mobilization of Rotarians.

PROGRAMME MANAGEMENT

POSITIVE ASPECTS:

PolioPlus Programme management structure has been adequately interpreted and functional implementation is satisfactory.

CONSTRAINTS

The lack of coordination between PolioPlus and EPI functionaries has been responsible for a low level of effective management.

RECOMMENDATIONS

PolioPlus should increase coordination with EPI at all levels.

activities and developing an integrated approach for implementation of the programme.

Unavailability of relevant data on immunization activities at all level reflects inadequacy of information system.

RECOMMENDATIONS

Increase advocacy in the Rotary Clubs for more support from Rotarians, specially Rotarian doctors and non-Rotarian Doctors. In this context, District Governors both past and present and Governors-elect should be fully involved with PolioPlus targets and objectives to ensure increase in immunization coverage.

PolioPlus should encourage Health Authority to establish EPI Committees to optimize active participation of all involved in implementating Local Immunization Days.

VACCINE SUPPLY

POSITIVE ASPECTS:

Availability of vaccines was confirmed by the State interviewees. Even though there were incidents of local interruptions, adequate arrangements were made to meet requirements at immunization centres.

Rotarians assistance was evident in all measures to overcome shortcomings in aspects of vaccine supply.

CONSTRAINTS

Inadequate training of EPI staff on cold chain issues has caused insufficient maintenance of equipment and management of vaccine storage and distribution.

RECOMMENDATIONS

PolioPlus should initiate more training opportunities for all functionaries in EPI as well as for volunteers.

SURVEILLANCE

POSITIVE ASPECTS:

There are plans for establishment of surveillance activities. Sentinel Sites are already in place.

CONSTRAINTS:

Availability of data on disease incidence is inadequate specially for specific diseases. Consequently, analysis of data is not performed for appropriate action and follow up.

RECOMMENDATIONS

Data collection and analysis should be implemented at all levels to facilitate appropriate follow up actions.

POLIOPLUS MID-TERM EVALUATION - FIELD REPORT ENUGU AND BENUE STATES - MARCH 8 - 11 1995

1. BACKGROUND INFORMATION:

TEAM MEMBERS:

Rtn D Fasanya - PolioPlus Nigeria Mrs Fayo Williams - NANGOH Representative Fernando Verani - PolioPlus Regional Adviser

	ENUGU	BENUI
Total population	3,161,295	2,780, I
Number of Rotary Clubs	- 08	- 03
No of Rotary Clubs with PolioPlus	Committees - 08	- 03
No of LGAs	- 08	- 12
No of LGAs adopted by Rotary Clubs	- 06	- 10
<pre>% infants fully immunized:</pre>	BCG - 50%	- 50%
	DPT3- 48%	- 28%
	OPV3- 46%	- 28%
	Measles- 44%	- 39%
No of Trained volunteers	- 66	- 04

RESULTS OF FINDINGS

2.1 TECHNICAL COMPONENTS;

IMMUNIZATION

2.1.1 POSITIVE ASPECTS:

- a. Immunization coverage has increased for the two States as a whole. Although there were problems of variables resulting from strike and effect of family planning impact, the overall number of newborns reduced thus reflecting increase in coverage.
- b. PolioPlus is involved with assisting the Ministrv of Health in planning, implementation and evaluation of-EPI related activities as well a8 mobilizing of NGOs and the private sector for continued support of EPI. It has also been involved with advocacy for political support and commitment to EPI as well as integrating Rotary Clubs in PolioPlus activities through recruiting LGAs PolioPlus Coordinators.
- c. Nine free immunization centres in the two States visited were established by Rotarian doctors and are functional.

CONSTRAINTS

It has been observed that the relatively slow expansion of Rotarian doctors free immunization centres has been due to reluctance of many Rotarian doctors to offer their clinics for free immunization services.

The non-existence of EPI State Committees has contributed to

FIELD REPORT - EDO AND ONDO MARCH 8TH - 11TH 1995

BACKGROUND:

	I I EDO 	I ONDO
I POPULATION	 1 2.4m	I 4.3m
BELOW 5 YEARS	I I 472,000	1 1 847,799
BELOW 15 YEARS	I 472,000	
IBELOW 1 YEAR	1 94,000 1	 159,459
IROTARY INFORMATION	 ED0	 ON-DO
INO OF ROTARY CLUBS	l I 5	1 6
INO OF CLUBS WITH CPPCs	I 5	1 6
INO OF LGAS	I 14	2 6
 INO OF LGA ADOPTED 	I 11	 26
POLIO/IMMUNIZATION DATA INFANT FULLY IMMUNIZED	 ED0 	I ONDO
 1992	 	l 1 4 9 . 9
1 9 9 3 1 9 9 4 	124	1 1 2 . 6 I -
ICOMMUNITY VOLUNTEERS	i i ED0	ONDO
 TRAINED	1700 I	12,177
IMOBILIZED	II, 277	17,024

GROUP B REPORT (EDO & ONDO STATES) DR P Y ODUNSI, PDG F Z GANA, PROF G KABA MARCH 8 - 12, 1995

RESULTS AND FINDINGS

Overall, the Rotarians who helped us in this Mid-Term Evaluation made quite a strong impression on us considering their constant availability, dedication and commitment to PolioPlus eradication efforts. Despite the professional obligation they freely invested their time, money, energy and goodwill to serve both the Rotary and their communities. Equally, the State and LGA staff we met demonstrated their high level of responsibility and dedication to the eradication of polio. They have all been instrumental to the success of our mission.

Both the Rotary and their partners should be commended for their sincere commitment and relentless efforts in EPI activities.

POSITIVE ASPECTS OF THE PROGRAMME BY COMPONENTS

*TECHNICAL COMPONENT:

<u>Immunisation</u>: Assistance in planning of LIDs/SIDs with high level of performance (coverage of more than 66% in one of the states).

- Consistent assistance of the State Chairman in immunisation activities which increased by 33% and 66% in Edo and Ondo respectively,
- The LGA, staff were extensively experienced in immunisation activities (since 1985)
- The LGAs assisted the PolioPlus Volunteers in EPI activities.

Vaccine Supply

- The State Chairman were very efficient in planning and checking vaccine supplies. No report of any serious shortage of vaccine supply-

Surveillance

- Not much information at state level as sentinel posts are not well established yet-
- Sentinel reports are collected from Health activities, private sector and officials in the field.
- Six sentinel posts established in Edo and one in the pipeline. Ondo State used Health facilities as surveillance centres.

*Volunteers Training and Participation

- Assistance of trained volunteers who were very active in EPI activities at both state and LGA levels.
- The trained ones were assigned to the appropriate areas,
- The LGAs participated effectively in the training of CBVs and performed efficiently all the roles assigned to the monitoring and training of their CBVs.
- Their full participation, dedication, commitment and efficiency were greatly appreciated.

t Social Mobilisation

- Efficient at State/LGA levels through health authorities, NGOs, private sector organisations and establishment of continuous support for EPI activities,
- More effective in urban areas through mass media coverage, high level of literacy, mobidity.
- High advocacy at all levels thereby creating public awareness.

* Programme Management

- Reinforcement of the decentralisation process for effective programme management and operation at zonal, state and club levels-
- EPI committees established at LGA and Ward levels with membership from NGOs, private sector, Youth Organisations (Boys Scouts, Girls Guide, Boys Bridgade) and Family Support programmes.
- Effective collaboration at all levels (Government, NGOs, Private Sector etc).

CONSTRAINTS

*Technical Components Immunisation:

- Transportation problems
- Shortage of disposal syringes/needles
- Shortage of cold chain equipment
- Breakdown of cold chain equipment (i-e., freezers of which 5 out of 10 are functional) as observed in Ondo. *Edo State cold store not visited due to time constraint and sidtance from the Health Centre.

- Grounded vehicles are due to lack of maintenance and misuse especially by senior health officers.
- Lack of speedboat for the riverline areas.

Vaccine Supply

- Collection of vaccine supplies problematic due to system of collection (no transport available).
- Distribution of vaccines irregular due to lack of means of transportation.

Surveillance

- Inadequate sentinel posts especially in remote posts, trained personnel, lack of funding for data collection.

Volunteer Training/Participation

- Inadequate despite the 2,000 trained out of the 8,000 mobilised.
- Transportation problems for participants to training sites.

Lack of incentive measures

- Their free and dedicated efforts not always acknowledged and appreciated.

*SOCIAL MOBILISATION

- Absence of logistical support especially in rural areas in terms of money, manpower and facilities (mass media)
- Lack of public awareness and community participation.

*PROGRAMME MANAGEMENT

- The areas to be covered by PolioPlus Programme Assistants are too large for effective coverage.
- Poor line of communication at all levels.
- Inadequate informative materials (i.e., posters, manuals, handbills etc)
- Inadequate guidelines on advocacy.
- Lack of incentive in money and kind.

RECOMMENDATIONS FOR IMPROVEMENT OF PROGRAMMES BY COMPONENT

*TECHNICAL COMPONENT

Immunisation

- Provide more transportation for effective implementation of EPI activities at levels, namely in terms of vehicles, motorcycles, speedboat and bicycles.
- Adequate and continual supply of cold chain equipment, syringes and needles, vaccines which are of utmost importance to polio eradication.
- Provision should be made for the repair of grounded vehicles, speedboats and cold chain equipment,
- -Drastic efforts must be made to stop misuse and abuse of EPI vehicles by high government officials.
- Stringent measures should be taken against state or local government that sell EPI vehicles.

VACCINE SUPPLY

- For adequate collection of vaccines from the State and LGA levels, corresponding data returns of vaccinations carried out at State and LGA levels must be prepared for equivalent vaccine collection from Lagos.
- Efforts should be made to maintain a reserve stock of vaccines before applying for a new stock.
- Provide more means of transportation for vaccine delivery.

SURVEILLANCE

- Create more sentinel posts at all levels and train more personnel for data collection.

*VOLUNTEER TRAINING/PARTICIPATION

- Mobilise and train more volunteers
- Create more incentive for trainers and CBVs
- Provide encouragement and feedback for all their efforts

*SOCIAL MOBILISATION/ADVOCACY

- Provide more logistical and financial support
- Provide public awareness through mass media (radio/TV/Newspaper etc)
- Provide more informative materials to all partners involved in EPI activities
- Advocacy at high level by involving political and decision makers, traditional and religious leaders
- Involve government, NGOs and private sectors organisations in advocacy.

*PROGRAMME MANAGEMENT

- Involve more rotarians in EPI activities to cover more areas.
- Improve the line of communication at all levels
- Provide positive feedback and demonstrate austerious attitude to Rotarians and volunteers.
- Provide more information on Rotary activities especially PolioPlus through the mass media, meetings and correspondence-

GENERAL OBSERVATIONS

The team is of the view that PolioPlus Nigeria has in place a well structured administrative set up with well defined roles and functions. The staff at both Head office and the field are trained and deployed to duty posts in conformity with their functional specialisation. These factors notwithstanding, the team is of the view that there still exist areas of the programme operation and management that require some fine tuning-'

1, MANAGEMENT - ROTARY RELATIONSHIP

The team is of the view that PolioPlus management should as a matter of necessity forge greater cooperation and relationship between herself, the four Rotary Districts in Nigeria not only through correcpondence but through face to face discussions especially now that Rotary International has delineated polio as a Club Project,

2. LOGISTIC SUPPORT OF CLUB POLIO ERADICATION INITIATIVE

The prevailing economic situation in the country has taken its toll not only on the number and size of Rotary Clubs but also on the capacity of clubs to embark upon free immunisation activities, Partnership with the PolioPlus Nigeria in funding polio activities would strengthen and widen the scope and coverage of polio eradication activities. Some financial support should therefore, be made available

3, SOCIAL MOBILISATION

EPI activities have been going on in the country for more than 10 years now, Yet there appears to be a perceptible level of ignorance, and lack of appreciation of the enormity of the dedication and commitment required for the success of Polio Eradication Initiative at all levels of government. It is therefore, strongly recommended that serious attention should be paid to social mobilisation backed up with intensive advocacy at all the levels of government and the social strata of the Nigerian public.

4, COLD CHAIN AVAILABILITY UPKEEP AND MAINTENANCE

It has been observed that these are not adequate and are not evenly distributed throughout the country, When they are available, the functional status is not assured due to lack of Standby Electric Power Generators and when they breakdown, funds' are not easy to come by to repair them, It is therefore, recommended that a Corps of Cold Chain and Cold Store maintenance should be established.

5. VACCINE DISTRIBUTION

There was no evidence of any acute shortage of vaccines but there were traces of logistic problems of distribution especially from the Central Cold store, to the States, the LGA and Rotarian Doctors, This issue needs to be seriously addressed through rationalisation of the distribution network,

6. COMMUNITY-BASED VOLUNTEERS (CBVs),

There is clear evidence that Rotarians with the collaboration of EPI/PHC officials raised a large number of CBVs totalling about 8,000 but only 2,000 of these were trained and fully utilised for the programme, It is therefore, recommended that special attention should be paid to the training of mobilised CBVs and resources placed at the disposal of the zones to organise and carry out the training programmes.

7 ROTARIAN DOCTORS AND THE PRIVATE SECTOR

The evaluation findings revealed that optimum utilisation of Rotarian Doctors and the full mobilisation of the Private Sector constitute the greatest potential for accelerated coverage of Polio Eradication Initiative- The options should therefore, be utilised maximally.

POLIOPLUS MID-TERM EVALUATION - FIELD REPORT OSUN AND OTO STATES - MARCH 8 - 11 1995

1. BACKGROUND INFORMATION

TEAM MEMBERS:

Rtn J Hassan - PolioPlus Nigeria

Ms M Rock - USAID/BASICS Representative

Dr F Oyewole - FMOH Representative

OYO STATE (1995 Projection)

Oyo State has a total population of 3,500,000, while children aged 0-lyear are 168,431 and those aged 12-23 months number 331,604. There are 25 Local Government Areas (LGAs) with sixteen Rotary Clubs. Four Rotary Clubs have PolioPlus Committees and only one LGA (Ibadan North West) has been adopted.

Immunization figures for three years (1992-94) showed the following coverage (by antigen):

	BCG	DPT3	OPV3	Measles
1992	86.9%	95.4%	?	92.3%
1993 (to June)	92.5	34.4	?	30.2%
1994	77%	52%	52%	56%

No polio cases were recorded for the three-years. no community-based volunteers on record in the State.

OSUN STATE (1995 Projection)

Osun State has a population of 2,2000,000; children aged 0-lyear number 106,345 while those aged 12-23 months number 209,393 (UNICEF records January - November 1994).

The State has 23 Local Government Areas(LGAs). Only two Rotary Clubs have PolioPlus Committees, although records show the State has six Clubs and seven LGAs have been adopted.

	BCG	DPT3	OPV3	Measles
1992	135.6%	109%		112%
1993	123.9%	75%		80.2%
1994	81.5%	64.4%	58.1%	70.1%

There are records of polio cases for three years. There are about 161 community-based volunteers (CBVs) spread over 4 LGAs in the State.

There is evidence to show that supply of vaccines (especially OPV) have been regular for over three years except for DPT which was not available in Osun State for one month during the national crisis of 1994. All States have adequate supplies of OPV.

Immunization activities are carried out routinely in the two States at both Government health facilities and

facilities run by Rotarian medical doctors and missionary In both States, implementation of Immunization Days (LIDs) and accelerated EPI activities have helped in boosting immunization coverage without disrupting the routine health services. Cold Chain system was found to be effective and efficient in both States. In particular, Oyo State main cold store is being efficiently run and adequate and up-to-date records kept by a very dedicated, competent and well informed cold chain officer. particularly important to maintaining the quality of the Health officers are aware of the reporting system, On notification of suspected polio case(s). is ample evidence of presence of community-based volunteers (CBVs) in Osun State. Some of these have been trained and are actively engaged in the immunization activities. State Chairman in Osun State was found to be a strong leader in providing effective direction in recruiting, training and We found that social mobilization is in activating CBVs. Osun State varied, strong in some areas and weak in others. The EPI-Baby-of-the-Year Award has had a tremendous positive impact on social mobilization.

The placement of Programme Assistants in the Zones is seen as an improvement in the programme implementation. These Assistants are not only useful in disseminating information required to the States but also act as an effective link between the State technical EPI and the PolioPlus Programme. The commitment of State/Zonal officers, as evidenced by level of activities, also varies by area. Exceptionally committed PolioPlus officers have been identified at State/Zonal levels'hnd have had positive impact on the programme. We did not have enough information to evaluate the Executive Committee.

Vaccines that have expired or are about to expire were identified in some State cold stores.

The number of static and outreach centres were found to be insufficient in some areas. There is therefore a need to establish more centres which should be adequately equipped with vaccines and appropriate cold chain equipment. Accurate records of vaccine stock; and usage were not kept in at least one area.

There is need for routine checks on records at cold stores at the different levels and by LGA Coordinators and State Chairmen.

At present, there are no surveillance activities in any of the States.

Social mobilization and training provided for community -based volunteers and health workers should include and emphasize surveillance to support a greater awareness and compliance in reporting suspected polio cases. Local Immunization Days should be recognised as an effective strategy at boosting coverage. Therefore it should be a priority activity for PolioPlus. Relevant PolioPlus officers should be actively involved in the planning and execution of these LIDs along with the Health officials.

There are not enough volunteers especially in Oyo State, while existing volunteers may drop out due to lack of continuous activity. There is need for PolioPlus to recruit, continually train and provide sustainable aativities to these volunteers. Some of the existing volunteers talked about the need for incentives. There should be provision for incentives for volunteers and special recognition should be available to deserving volunteers.

Where State Chairmen and LGA Coordinators have been actively involved, their support is intensely appreciated by the Health officials. However, the level of activity is insufficient and sporadic throughout the States.

There is need to support LGA Coordinators on basis of genuine interest in PolioPlus and LGA of adoption.

In view of the high drop-out rate of Rotarian volunteers including Rotarian medical doctors, there is need for training and re-training of Rotarian volunteers at all levels. Such training should include most recent information on EPI in their LGA including coverage rates, identification of Acute Flaccid Paralysis (AFP), number of polio cases, facilities providing immunization and relevant maps should be provided for surveillance purposes.

Based on the success of the EPI-Baby-of-the-Year Award as an instrument of social mobilization, there is need to introduce similar awards for all components of the immunization programme for example:

- best Immunization Centre
- best Cold Chain Store/Officer
- best EPI/LGA Coordinator
- best EPI State

There should be commendation for individuals performing excellent service in EPI. This will serve to support and motivate the EPI Officers who deserve special recognition.

From our field survey, we discovered that most respondents learnt about immunization over the radio. It is therefore recommended that such medium can be used to maximum advantage by PolioPlus. Local Government EPI can also be provided with public address system to enhance mobilization.

We found out that of the NGOs and other organizations involved in social mobilization, health officials rarely mentioned PolioPlus. Examples of such organization include Boy scouts, Girl Guides, mosques, Christian Health Association of Nigeria (CHAN) and Christian Association of Nigeria (CAN), among others.

There is a yawning need for PolioPlus to be more involved in social mobilization by making best use of their professional and social contact and resources available to them. For example the Oyo Chairman is the Executive Secretary of the National Association of Local Governments and hence should have unfettered access to the Local Governments.

There is a need for greater visibility of PolioPlus programme at all levels. This will help to correat the present under-recognition and under-representation of PolioPlus in the communities.

This can be acheived by the provision of posters, banners, bill-boards, print media and television programmes, carrying the current message of PolioPlus.

Reporting and communication between Club, State and Zonal levels are poor and sporadic. Although the decentralization of the project down to the Club level has created greater opportunities for involvement in the project, it has also increased the level of effort required to keep them up to date. PolioPlus Programme Assistants (PPAs) should be encouraged to pay personal visits to Clubs to update them on relevant technical information and recent developments in EPI, to sensitize and motivate them. Programme Assistants should continue to make the best use of technical resources at their disposal eg meetings, HIS research materials and other resources available to them through UNICEF.

At present, there are not enough communication and supervisory visits between Zonal, State and Club levels. It is recommended that enough funds should be more readily available at the Zonal level for regular and spontaneous visits by Zonal and State Chairmen.

FIELD REPORT KANO AND KATSINA

I I I	I I KANO	KATSINA
I POPULATION TOTAL	 6,507,711	
IBELOW 5 YEARS	1,268,041	1 950,000
IBELOW 15 YEARS	a -	a
 IBELOW 1 YEAR 	1 253,605	
IROTARY INFORMATION	I KANO	
INO OF ROTARY CLUBS	 5	
IROTARY WITH CPPCs	1 2	1 2
 NO OF LGAs	I 33	26
INO OF LGA ADOPTED	I 10	11
IINFANTS FULLY IMMUNIZED	 IPERCENTAGE	 IPERCENTAGE
 11992 11993 11994	120% 135% 138%	135% 140% 170%
INO OF TRAINED VOLUNTEERS	 ZERO 	 ZERO
1		i

FIELD REPORT OF KANO AND KATSINA

CONTENTS

BACKGROUND

GROUP D FIELD REPORT - KANO AND KATSINA STATES
STATE LEVEL REPORT

TECHNICAL COMPONENTS

POSITIVE ASPECTS

IMMUNIZATION: Immunization improved within the last three years as a result of organized SID and LIDs in the respective States.

VACCINE SUPPLY

Vaccines in regular supply when available at the cold store, Oral Polio Vaccine always in constant supply.

CONSTRAINTS

VACCINE SUPPLY

There was a shortage of vaccine supplies reported in Kano between July - December 1994.

SURVEILLANCE

POSITIVE ASPECTS

Surveillane is not on the ground of both Kano and Katsina States. Medical Doctors do not refer and follow up suspected cases.

RECOMMENDATION

PolioPlus Committee should help both States to establish an effective surveillance system for suspected polio cases. Establish home visitor volunteers on the District of each LGA to collect records.

VOLUNTEERS: TRAINING PARTICIPATION - POSITIVE ASPECTS

Both States are in the process of enlisting PolioPlus volunteers for training.

PolioPlus State Chairmen are well trained and participate in supporting the State EPI.

RECOMMENDATIONS

PolioPlus Committee should endeavour to train enlisted volunteers as soon as raised to sustain their interests.

PolioPlus should provide working tools available to volunteers at the end of the training.

PolioPlus to encourage effective participation of volunteers in the immunization exercise.

SOCIAL MOBILIZATION - POSITIVE ASPECTS

The Government of Kano and Katsina are aware of the existence and appreciate supports of PolioPlus and other NGOs in the States. There is programme promotion on the radio and TV, and other State media.

CONSTRAINTS

There is communication gap between PolioPlus and Government.

PolioPlus as NGO is never invited to participate in the planning of immunization that could boost coverage in Kano State.

RECOMMENDATION

There is need to improve the *poor* method of communication in both PolioPlus and Government functionaries of Kano and Katsina States.

PROGRAMME MANAGEMENT

POSITIVE ASPECTS

There is a good interraction between the State PolioPlus Chairman and the State Government functionaries.

The cold stores are effectively run and made functional for the regular supply of potent vaccines to the LGAs in the State.

The EPI functionaries are skillful in their respective jobs.

RECOMMENDATION

PolioPlus should improve on monitoring the activities of Government so as to guarantee the sustenance of the various components of immunization.

LOCAL LEVEL REPORT

TECHNICAL COMPONENTS - IMMUNIZATION

POSITIVE ASPECTS

Immunization has remained on the increase as a result of routine immunization and organized Local Immunization Days (LIDs) in the two States.

CONSTRAINTS

Inepito of the increased inimunisatim, the coverage still remains too luw to impact control cases of policyelitis.

Less than 50% of LGAs are adopted by Rotary Clubs.

RECOMMENDATION

PolioPlus should devise means to increase its support for EPI to attain the target of eradication of the polio in the country.

100% of LGAs should be adopted by Rotary Clubs.

VACCINE SUPPLY

POSITIVE ASPECTS

At all local levels, polio vaccines were in stock.

Cold chain systems were in good and functional condition.

Supply of vaccine to LGA is guaranteered when in stock with the cold store, but the oral polio vaccine is always available.

CONSTRAINTS

Rotarian Medical Doctors are not being supplied with vaccines from LGA cold stores. They rely on purchasing vaccines on the open market. The Rotarian Medical Doctors should be retrained about how to stock vaccines in good condition. Private doctors do not give immunization returns to the Public Health Sector.

There are problems of transportation of vaccines from cold store to health facilities and outreach posts.

RECOMMENDATION

LGA cold store should recognise and supply vaccines registered Rotarian Medical Doctors. Medical Doctors should be well trained on how best to stock vaccines.

The store should supply oral polio vaccines to users even when other vaccines are not in stock.

Private immunization centres should give returns on immunization to Government health -facilities. There should be improved cold chain sytem, transport system and other logistics.

SURVEILLANCE

POSITIVE ASPECTS

The LGAs are planning to have surveillance system in collaboration with the State Government.

CONSTRAINTS

Private Medical Doctors are not reporting cases of immunization diseases including poliomyelitis to the public health sector.

Lack of investigation of reported cases.

Nothing is done to control outbreaks
Most investigations are often not completed to confirm or otherwise.

RECOMMENDATION

PolioPlus should find a means to cooperate with the public sector to establish the surveillance system to cover all the technical components of the system.

VOLUNTEERS: TRAINING AND PARTICIPATION

POSITIVE ASPECTS

Already Rotarians (volunteers) and other NGOs are motivated and trained to participate in immunization programme EPI.

CONSTRAINTS

There are only very few trained volunteers to support the immunization campaign.

Volunteers hang on too long for training.

RECOMMENDATION

Volunteers should be increases, trained promptly and made to serve within their home community.

SOCIAL MOBILIZATION

POSITIVE ASPECTS

PolioPlus is supporting the EPI activities in promoting the awareness and informing the communities.

PolioPlus and the LGA health sector are working together to promote EPI utilizing various media - TV, radio, handbills and other fliers.

CONSTRAINTS

There are few Rotarians as member 'in each Rotary Club.

No indigene as members to all clubs

Roads are not motorable for reachig the communities

RECOMMENDATION

PolioPlus should encourage Club membership by indigenes through whom to reach the members of the communities. Rotary should adapt to the common means of transportation in a locality to reach the community.

PROGRAMME MANAGEMENT

POSITIVE ASPECTS

PolioPlus implementors are found up to the grassroot level

and the second of the second

in the communities.

PolioPlus is in close contact with LGA health functionaries

PolioPlus interracts and collaborate with local NGO members.

CONSTRAINTS

Many LGAs do not have Coordinators. There are few Clubs with very slim membership.

There is communication gap between PolioPlus and those LGAs not adopted.

RECOMMENDATION

Rotary PolioPlus should appoint a Coordinator for each LGA.

Rotary Club should engage in Club membership drive from among to appoint LGA Coordinators.

REPORT FROM BORNO AND ADAMAWA STATES

BORNO STATE

IMMUNIZATION:

Immunization coverage in Borno State, like in other states in the federation increased steadily until 1991 when national coverage was said to have reached 80%. This steady increase was attributed to accelerated immunization activities aimed at achieving the Universal Childhood Immunization (UCI) goal. In 1992 coverage began to decline. The wave of civil strikes and political instability in the country in 1993-1994 resulted into a more drastic decline of immunization coverage. A preliminary report of recent UNICEF led assessment of immunization coveerage in the zone revealed that the rate of fully immunized children in the state is 15%.

This alarming low level of coverage has raised among state officials and non-governmental organizations based in the state. To improve coverage, the State has embarked on a statewide Local Immunization Days (LIDs). The State plans to conduct three series of LIDs for three days each. The first in the series was conducted on January 26th - 28th 1995. The second is currently being conducted (March 13th - 15th), 1995. The third and final for 1995 is scheduled for April. The State plans to host one of such accelerated immunization activity in 1996. The target for all LIDs is all children 0 - 24 months and women of childbearing age (15-45 years of age). It was immediately clear what strategies are being developed to maintain the high coverage that will be gained through these Loaal Immunization Days.

Rotary PolioPlus and other local NGOs were neither involved in the first series of Local Immunization Days nor the current one. State officials allude their exclusion of NGOs to fear that the NGOs might demand resources for their involvement which the State may not e able to provide.

Upon learning of the Local Immuniz, ation Days, the PolioPlus State Chairman went to the State officials to inquire reasons for their exclusion and to offer the availability of Rotarian to assist in the Local Immunization Days and further immunization activities. up to the time of the evaluation team's visit! Rotary PolioPlus and other NGOs were still not involved in the Local Immunization Days.

FREE IMMUNIZATION CENTRES

The Rotary club of Maiduguri has adopted nine immunization centres, three Rotarian doctors clinics and six Non-Rotarian clinias. Free immunizations are offered to the target populations at least once weekly at all centres. Among the center is one supported by Rotarians but services provided by State staff. The centre is said to attract the average of 150 children per session.

RECOMMENDATIONS:

- 1. A team of Rotary PolioPlus staff/members composed of the Zonal Chairman, the State Chairman, Presidents of the various Rotary Clubs in the State should meet with State officials to reiteratethe objectives of PolioPlus and the current strategies for achieving those objectives. This is important particularly in States where Rotarians' effort to get involve in immunization activities have not been very successful. The presence of the Zonal Chairman may add more credibility to the local Rotarians effort.
- 2. Rotary clubs should be encouraged to sponsor as many free immunization centres as the club can adequately handle. From all indications, coverage gained through these centres more likely to be sustain as compare to the current acaelerated activities being conducted by the States.
- 3. Private Medical Doctors participating in the free immunization programme should be given more incentives beyond the provision of limited cold chain equipment. Such incentives could include assigning volunteers(s) to the facility to assist with reqistration of clients and recording of services provided during immunizaton sessions as well as providing inservices training for the staff of such clinics.
- 4. Efforts should be made to supply more cold chain equipment to government health centres.

VACCINE SUPPLY

The team was informed that there has been shortage of vaccines at all levels (State, LGA and facility). The most immportant contributing factor has been the lack of such antigens in the Kano cold store. State official told the team that for the current Local Immunziation Days, they were given only polio and DPT antigens at the Kano store. The State EPI Manager was in Lagos at the time of the team's visi trying to obtain vaccines. In addition to the lack of vaccine at the zonal level, LGAs and facilities have the occasional problem of being unable to pick up vaccines from the next level as a result of unavailability of trasportation.

All State and LGA cold stores visited maintain excellent cold chain and no expired vaccines were seen.

RECOMMENDATIONS:

1. Rotary PolioPlus should continue to persuade government establish more cold stores that will adequately supply to Northern States.

SURVEILLANCE

 \mathtt{As} of now the State has identified three sentinel sites for surveillance of reportable diseases, but staff have not been

trained to perform this activity.

The State Monitoring and Evaluation (M&E) officer could not remember the last time he received reports from the LGAs or hospitals. As the discussion progressed, the Deputy Director of Primary Health Care indicated that fifteen of the twenty-one LGAs do report although not as regularly as would be desired.

VOLUNTEERS TRAINING AND PARTICIPATION

The Rotary of Maiduguri has neither raised nor trained community-based volunteers (CBVs). However, Rotarians as volunteers, have conducted several social mobilization visits to State and LGA officials, Religious Leaders, Councilors of health etc. The club plans to utilize the positive relation which now exist between the club and the community leaders to raise community-based volunteers who will then be trained.

The delay in achieving the above is due to the constraint of limited membership.

*Rotarians are very committed and willing to assist immunization activities at all levels, but, many lack the knowledge and skills for their active support.

RECOMMENDATIONS:

- 1. A system of continued education should be established for Rotarians at the club level. this could take the form technical discussion perhaps during club meetings.
- 2. Community-based volunteers should be training as soon as they are raised.
- 3. Trained volunteers should be assigned to Rotarians as well as non-Rotarian medical doctors' clinics particularly assist with recording and reporting of services provided at those facilities.
- 4. The training of community-based volunteers should be continued based on the areas of felt needs.

PROGRAMME MANAGEMENT

Clearly, PolioPlus management at the State and club levels has had very little problem. The single most management constraint for Rotarians in Borno State in general and the Rotary club of Maiduguri in particular, in their effort to achieve the PolioPlus objective of eradicating polio by the year 2000, is limited hands in carrying out planned activities. Making the situation worst is the lack of participation of Borno States indigenes. According to club officials, their aspirations and good intentions are occasionally misunderstood, misinterpretend and sometimes out rightly rejected by suspicious community members.

With regards to PolioPlus management, respondents indicated that management has improved since the programme management

WAS dsoentralized to some extent although not as operationalized as would be desired.

SOCIAL MOBILIZATION

The Rotarians have not been involved in social mobilization at the community level. There is awareness of the existence of Rotary PolioPlus programme, though with some confussions about the programme at the State and LGA levels. The club has the will to get involve at the community level but it is constrained by the pacity of membership of membership. However, the club has plans to bring in more members which will hopefully improve the situation.

*Rotary PolioPlus relationship with the State and LGAs levels is generally excellent. However, some State and LGAs officials see Rotary PolioPlus as a 'donor agency', and therefore expect huge financial and other resource contributions from the programme. While others are apprehensive about involving Rotarians -in immunization activities for fear that their (Rotarians) participation will additional burden on limited resources available.

RECOMMENDATIONS:

- 1. Rotary PolioPlus needs to conduct more awareness activities at the State and LGA levels, especially in those zones where confusions about the role and objectives the programme are demonstrated.
- 2. Limited demand creation campaigns about immunization services through the electronic media (local radio station and print media mainly by the use of posters) should be supported by the Rotary PolioPlus programme.

ADAMAWA STATE

Immunization coverage in Adamawa State has had the same trend as seen in other states in the federation increased steadily until 1991 when national coverage was said to have reached 80%. This steady increase was attributed to accelerated immunization activities aimed at achieving the Universal Childhood Immunization (UCI) goal. In 1992 coverage began to decline. The ways of civil strikes and political instability in the country in 1993-1994 resulted into a more drastic decline of immunization coverage. A preliminary report of recent UNICEF led assessment of immunization coverage in the Zone revealed that the rate of fully immunized children in the State is 24%.

Adamawa State too has embarked on a series of three Local Immunization days in 1995. Unlike Borno State, Rotarians (PolioPlus) were involved in the planning of the Local Immunization Days. The Rotary club of Yola donated needles and syringes worth N5000 to the State for the current Local Immunization Days.

CONSTRAINTS: State officials attribute the drastic decline in the immunization coverage to the following:

The Wave Gf political instability in 1993-1994 which lead to total paralysis of the programme. Additionally, officials believe the decline was also due to the premature transfer of PHC activities to local Governments without adequate preparations such, basic infrastructure, adequate trained manpower. The State was expected to provide technical asistance as well as supervision to the LGAs, but the modality for the State's assistance to the LGAs was not established. As a result, suspicious LGA officials felt threatened by the presence of State staff.

SOLUTIONS: The State has established a 'State Council on Health' which comprises all LGA Chairmen, with the Commissioner for Health as Chairman. The State health officials serve as technical arm to the council. This body is authorised to make decision on all health matters including immunization in the State. The Director of Primary Health Care is convinced that giving the LGA officials the policy making role has greatly improved relationship between the two levels and has improved the LGA chairsupport for Primary health Care programmes including EPI. It is anticipate that continuous support for route immunization will sutain high coverage gained through the Local Immunization Days.

To enhance supervisory activities, the NPHCDA provides a matching grant of 200,000 Naira to States who demonstrated the availability fot eh counterpar fund.

In an effort to assist in improving immunization services in the States, Rotarians in Adamawa built and equipped a health facility in one of the communities for the 'poorest of the poor' and donated the facility to the State. That facility currently provides some level of immunization services, although less than what Rotarians would desire. The Rotary club of Yola plans to adopt the clinic for regular support and supervision by the club to ensure quality of services.

LGA LEVEL

The health facility visited is an MCH clinic wehre immuniztion services are provide for four times pre week and on the average 100 children less than 12 months of age are immunized monthly. Unfortunately, this facility has neither been provided with sterlizing equipment nor registers. The sister-in-charge has had to bring in her personal stove for sterilization and bought a register at the beginning of 1995. The clinic is provided with a cold box and vaccines are replenished from the State cold store weekly.

VACCINE SUPPLY

State officials informed the evaluation team that there has been frequent storage of vaccine at all levels. The single most contributing factor for vaccine, especially at the State level is the shortage of some or all antigens at the Kano cold store. The only antigen that has not been out of stock is oral polio vaccine. Hoever, because of the policy of offering all antigen to eligible groups, because all antigens require the same logistic support, oral polio

Vaccine coverage has continued to be as low other antigens. In addition to the shortage of vaccine in the Kano store, the only logistic officer the store, is not easily accessible by telephone. On several occasions when the State the risk of going to collect vaccine without informing hi, he is not around.

In addition to the frequent shortage of vaccine at the State level, the LGAs and health facilities are occasional unable to obtain vaccines from the next level because of the lack of transportation.

All State, LGA facilities cold stors visited by the team maintain excellent and there is no expired vaccines seen.

SURVEILLANCE

There is no functional surveillance system in place the Stae presently, however State officials inform the team that there are plans to establish functional surveillance system and train staff for that purpose. With reference to cases of AFP, all respondents claimed there have been no reported cases in the last 3 years.

VOLUNTEER TRAINING AND PARTICIPATION

Rotarians as volunteers, have actively participated in immuniztion activities at the various. Although, Rotarians are willing and committed in contributing to immunization activities in general and polio eradication in particular, many members are lack of the requisite knowledge and skill for effective participation.

The Rotary club of Yola had raised thirty-two community-based volunteers to be trained. Because the club did not get approval from PolioPlus headquarters to conduct the training, contact with these volunteers has been lost.

PROGRAMME MANAGEMENT

From all indications, PolioPlus mangement at the State and club levels has very little programme. The State Chairman and club President however think that decentralization of the PolioPlus project needs to be made more operational. The current approval system in the project is laden with bureaucracy and delays. They believe that if the zonal Chairmen are given the authroity to approve activities and disburse funds, that will ease some of the communication problem. Currently, workplans are developed at the State level and submitted to headquarter for approval. If the proposed activities and budget are approved, the fund is deposited in the PolioPlus account in the State. However, withdrawal from the account for individual activities has to be aproved from headquarter again.

The Rotary club of Yola has adopted eight of the sixteen LGAs, but only five are currently active. An LGA Coordinator has been appointed for each of the eight LGAs adopted. The State Chairman who is member of the Rotary club of Yola has visited all adopted LGAs on one or more

occasions for monitoring and supervision.

RECOMMENDATIONS:

- The release of funds for approved activities should be handled at the Zonal level instead of headquarters. This will minimize delayed in implementing aproved activities.
- Requirement for number of LGAs clubs have to adopt to qualify for resources from headquarter to train members should be

SOCIAL MOBILIZATION

It was very clear that the State Chairman has sufficiently mobilized officials at the State nd LGA levels about the objectives of Rotary PolioPlus. He has also been involved in mobilizing other NGOs to support immunization activities at the various. A community member interviewed was aware of PolioPlus activities.

REPORT FOR BAUCHI AND PLATEAU STATES

STATE LEVEL

TECHNICAL COMPONENTS:

(i) IMMUNIZATION

POSITIVE ASPECTS: There is awareness that immunization coverage is less than what it was three years ago although there are positive indications that there are increases from last year. Coverage is about forty five percent stability at the State EPI leadership position.

CONSTRAINTS:

- (a) Fuel shortage The lack of fuel supplies prohibited extensive travel to outreach centres and clinics for immunization sessions where vehicles and motorcycles were still functioning. In some areas these vehicles and motorcycles were in a state of disrepair.
- (b) Incessant strike actions by government officers reduced the number of times immunization sessions were held.

RECOMMENDATIONS:

Advocacy for cultivation of preventive maintenance culture.

Government at various levels and labour leaders should cultivate a habit of frequent and open dialogue to prevent strike actions.

(ii) VACCINE SUPPLIES

POSITIVE ASPECTS

Adequate supply of oral polio vaccines in Plateau State but inadequate in Bauchi State. Routine monitoring of vaccine stock to re-distribute from areas of excess vaccines to areas of shortages.

CONSTRAINTS:

- (a) Lack of vaccine supply from Kano store which was blamed on lack of functional generator backup and transport to move vaccines from national store in Oshodi Lagos to Kano.
- (b) Lack of transportation to move vaccines from national store to State store.

RECOMMENDATIONS:

- (a) Decentralization of vaccine storage from the present two stores and packaging of vaccines according to State needs which can be sent directly to the States.
- (b) Repair broken down generator in Kano .

of LGA Co-ordinators.

RECOMMENDATIONS:

Clubs should adopt only LGAs they can adequately cater for.

IV. PROGRAMME MANAGEMENT

POSITIVE ASPECTS:

EPI Manager and State Chairman are both in place in Bauchi and Plateau States and are communicating on monthly basis. Good collaboration between both of them.

State Chairmen have been trained and training was relevant to their duties. They are knowlegeable about the programme. Regular quarterly reports to national headquarters. Constitution of zonal committee is a positive development.

CONSTRAINTS:

Lack of efficient communication between national headquarters and State Chairmen.

RECOMMENDATION:

Use of courrier services occasionally when crucial information needs to be passed on.

PolioPlus Programme Assistant to liase more with State Chairmen.

GENERAL OBSERVATIONS AT THE STATE LEVEL

There are many abandoned vehicles at various levels of disrepair at the State offices. Cold chain system is strong on the ground. There are equipment such as motorcycles and cold boxes locked up in State stores when shortages of these items are reported at the LGA level. The awareness of PolioPlus input at State level is high.

State Chairman and EPI Manager should continue collaboration on regular basis.

LGA LEVEL

TECHNICAL COMPONENTS.

(1) IMMUNIZATION

POSITIVE ASPECTS:

A high level of awareness of the need for immunization through social mobilization has been achieved. Regular immunization sessions (range once a week to daily) are being held. Rotarian medical doctors' clinics are functional. Rotary immunization free immunization centre plaque conspiscuously displayed. Health education sessions are held prior to actual immunization. Technical nature of

CONSTRAINTS:

Adequate returns are not being made to the EPI cold store. Passive rejection of sterilized re-usable syringes and needles. Inadequate immunization centres. Lack of transport and adequate cold chain equipment. Lack of approp.riate immunization register in both States.

RECOMMENDATIONS:

Motorcycles and cold chain equipment which are locked up in the State store should be issued out to those who need them. Immunization registers and home based records should be used as appropriate. Regular returns must be made by Rotarian doctors to the appropriate quarters. Step up education of mothers on the safety of properly sterilized re-usable needles and syringes. Sharp needles should be used at all times.

(ii) <u>VACCINES SUPPLIES</u>

POSITIVE ASPECTS:

Oral polio vaccine is in adequate supply in both States. Free exchange of vaccines between government health facility and Rotarian.

CONSTRAINTS:

Transport difficulty to move vaccines between State and LGA cold stores on LGA cold store and immunization sites.

RECOMMENDATION: Budget for preventive maintenance of transport - vehicles and motorcycles. Maintain good relationships between government health facility and Rotarian doctors' clinics.

(iii) COLD CHAIN

POSITIVE ASPECTS:

Cold chain system is kept.

CONSTRAINTS:

Not enough cold boxes and vaccine carriers.

RECOMMENDATIONS:

Obtain cold boxes and vaccine carriers from State stores. Rotary Clubs should donate additional cold boxes and vaccine carriers in places of absolute shortage.

(iv) SURVEILLANCE

CONSTRAINT:

Awareness has not been created at this level.

RECOMMENDATIONS:

Operators at this level should be sensitized by LGA Co-ordinators.

SOCIAL MOBILIZATION:

POSITIVE ASPECTS:

Awareness has been created through the use of radio, television jingles and newspaper advertisement. Others include community-based volunteers, word-of-month and religious groups. Some mothers are willing to buy their syringes and needles for their child immunization where there is fear of possible contamination of needles and syringes with HIV.

CONSTRAINTS:

There are not many indigenes as Rotary Club members. Shortfall in the number of community-based volunteers and there are no records of activities carried out by the community-based volunteers on the ground.

RECOMMENDATIONS:

Maintain present strategy of social mobilization. Train community-based volunteers who have been identified and ensure proper records. of activities is kept.

PROGRAMME MANAGEMENT

POSITIVE ASPECTS:

Local government Co-ordinators have been trained and training is relevant to their activities.

CONSTRAINTS:

Division of labour among community-based volunteers has not been properly worked out. They have not been fully used at government health facilities and Rotarian Doctors' clinics.

RECOMMENDATIONS:

Community-based volunteers should be sensitized to functions and given opportunities to serve. Incentives (cash or kind) should be provided for these community-based volunteers.

GENERAL OBSERVATION:

Immunization schedule as advertised in some facilities is not as recommended by the national policy. Some support staff for the programme do not have adequate knowledge about programme requirements. Training should not be limited only to supervisors but should also include those who implement all components of immunization programme. Liasion for

training by LGA staff and staff of private clinics where immunization is held should be given a priority. All clinics should use standard immunization record and follow approved schedule.

By: Rtn H Ejumudo
Dr 0 G Olupona
PDG T Ewen

(iii) COLD CHAIN

POSITIVE ASPECTS:

Records of temperature of freezers and other cold chain equipment were well kept. Backup generators were available and functioning.

CONSTRAINTS:

None was identified.

RECOMMENDATIONS:

Maintenance is in place.

(iv) SURVEILLANCE

POSITIVE ASPECTS:

There is evidence that the incidence of AFP is being monitored.

CONSTRAINTS:

Lack of adequate laboratory facilities to confirm suspected cases. Statistics are not readily available to State Chairman and findings are not widely disseminated.

RECOMMENDATIONS:

Establish regional laboratory to confirm suspected cases.

Disease incidence should be widely disseminated.

II - VOLUNTEERS TRAINING AND PARTICIPATION

POSITIVE ASPECTS:

Volunteers have been identified and in Bauchi have been trained.

III - SOCIAL MOBILIZATION

POSITIVE ASPECTS:

Definite actions by State Chairmen. A lot of collaboration between State Chairmen and government officials. LGA Co-ordinators have been appointed in 14 and 17 LGAs in the two States. Workload is evenly spread among the clubs. All the clubs have PolioPlus Committees. There are 8 free immunization centres operated/adopted by Rotarian Doctors.

CONSTRAINTS:

There are 13 LGAs without Co-ordinators. A big disparity between number of clubs and number of LGAs in the States. Fourteen Co-ordinators are not yet trained in Bauchi. Bad roads and difficult terrain. Lack of cooperation from State

REPORT ON FIELD VISITS TO FEDERAL CAPITAL TERRITORY ABUJA, KADUNA AND NIGER STATES.

ABUJA

TECHNICAL COMPONENTS

1. Immunization

POSITIVE

About 60% immunization coverage up to the end of 1994 for all antigens including polio

Cold chain situation is satisfactory

NEGATIVE

1994 showed a drop from the 81% immunization coverage achieved in 1991

VACCINE SUPPLY

NEGATIVE

Shortages of EPI vaccines noticed around October 1994 especially DPT.

The short shelf life of oral polio vaccines

Problems with the national cold store in Kano in terms of supplies and backstopping

Lack of adequate communication between State EPI cold stores and the national cold store in Kano.

POSITIVE

The persistence of the State EPI Manager ensures continuity.

SURVEILLANCE

POSITIVE

Polio Surveillance is being maintained through the routine disease reporting system.

NEGATIVE

42% completeness of reporting to FMOHSS for EPI antigens and 57% completeness of reporting for target diseases.

No adequate system of reporting of Acute Flaccid Paralysis (AFP) cases. No one knows actually what happens about polio cases through the regular health facilities, it is the physiotherapists/rehabilitation centres who see and manage polio cases.

RECOMMENDATION

Organize workshops for Chairmen, PolioPlus Coordinators, Community-Based Volunteers as well as medical doators.

Authorities to make suitable arrangements to ensure regular supply and effective distribution of EPI vaccines.

More adequate planning in supply, distribution and implementation

Reporting of Acute Flaccid Paralysis to be part of the routine notifiable disease reported to the central office. AFP reporting should also be placed on the emergency notification list to ensure that all AFP cases reported will be investigated.

VOLUNTEERS TRAINING AND PARTICIPATION PROGRAMME

KADUNA

TECHNICAL COMPONENTS

Immunization

POSITIVE

The EPI Manager claims about 60% immunization coverage. However, national data compiled by the FMOHSS (Epid Unit) shows a coverage of 31% for Kaduna up to the end of 1994 of for all antigens including polio.

Cold Chain situation is satisfactory

NEGATIVE

Poor funding for EPI has prevented the EPI management from moving around.

VACCINE SUPPLY

NEGATIVE

Shortages of EPI vaccines noticed around October 1994 especially DPT

The short shell life of oral polio vaccines

Problems with the national cold store at Kano in terms of supplies and backstopping.

Lack of adequate communication between State EPI cold store and the national cold store in Kano.

POSITIVE

The persistence of the State EPI Manager ensures continuity

SURVEILLANCE

POSITIVE

Polio surveillance is being maintained through the routine disease reporting system with 67% completeness of reporting to FMOHSS Lagos.

NEGATIVE

No adequate system of reporting of Acute Flaccid Paralysis (AFP) cases. No one knows actually what happens about polio cases through the regular health facilities, it is the physiotherapists/rehabilitation centres who see and manage polio cases.

RECOMMENDATIONS

Organize workshops for Club PolioPlus Chairmen and Coordinators

Authorities to make suitable arrangements to ensure regular supply and effective distribution of EPI activities.

More adequate planning in supply, distribution and implementation.

Reporting of Acute Flaccid Paralysis (AFP) to be part of the routine notifiable diseases reported to the central office. AFP reporting should also be placed on the emergency notification list to ensure that all AFP cases reported will be investigated.

There should be more regular consultations between the State health authorities and the State PolioPlus Chairman.

Volunteer's training and participation programme.

NIGER

TECHNICAL COMPONENTS

Immunization

POSITIVE

The EPI Manager and his personnel seem to have a firm grasp of the programme.

Cold chain situation is satisfactory

The Niger EPI management has instituted Fixed Immunization Days (FIDs) and the team feels that that is a worthy venture that should be emulated where possible.

NEGATIVE

Poor funding for EPI has prevented the EPI management from moving around.

and the second second

VACCINE SUPPLY

NEGATIVE

Shortages of EPI vaccines (except oral polio vaccines) noticed around October 1994 especially DPT.

The short shell life of oral polio vaccines

Problems with the national cold store at Kano in terms of supplies and backstopping

Lack of adequate communication between State EPI cold store and the national cold store in Kano.

POSITIVE

The persistence of the State EPI Manager ensures continuity

SURVEILLANCE

POSITIVE

Polio surveillance is being maintained through the routine disease reporting system with 67% completeness of reporting to FMOHSS Lagos.

NEGATIVE

No adequate system of reporting of Acute Flaccid Paralysis (AFP) oases. No one knows actually what happens about polio cases through the regular health facilities, it is the physiotherapists/rehabilitation centres who see and manage polio cases.

RECOMMENDATIONS

Organize workshops for Club PolioPlus Chairmen and Coordinators

Authorities to make suitable arrangements to ensure regular supply and effective distribution of EPI vaccines.

More adequate planning in supply, distribution and implementation. $\begin{subarray}{ll} \mu \end{supply}$

Reporting of Acute Flaccid Paralysis to be part of the routine notifiable diseases reported to the central office. AFP reporting should also be placed on emergency notification list to ensure that all AFP cases reported will be investigated.

There should be more regular consultations between the State health authorities and the State PolioPlus Chairman.

VOLUNTEERS' TRAINING AND PARTICIPATION PROGRAMME

Volunteers' training has been done and their participation seem to be at a good level.

0 0 00

GENERAL RECOMMENDATIONS

Step#s should be taken to ensure availability, distribution of EPI vaccines at all levels

National cold storage should be further decentralized by establishing at least 2 more cold stores.

Training and follow-up of volunteers should be intensified

Advocacy and social mobilization should be increased

EPI disease reporting should be differentiated from antigen reporting.